
Contagious Diseases in Day Care

*A handbook for
Day Care Directors
and Caregivers*



Alberta
COMMUNITY AND
OCCUPATIONAL HEALTH

Alberta
SOCIAL SERVICES

CANADIANA

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NOV - 5 1990

CONTAGIOUS DISEASES IN DAY CARE
"A HANDBOOK FOR
DAY CARE DIRECTORS AND CAREGIVERS"

This handbook contains:

Section I

**What Day Care Directors Can Do
To Stop Disease
In the Day Care Centre**

Section II

**What Caregivers Can Do
To Stop Disease
In the Day Care Centre**

Section III

**What Day Care Directors,
Caregivers and Parents
Should Know About Contagious
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This handbook was developed at
the Centers for Disease Control
U.S. Department of Health and Human Services

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Developed by
U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
Atlanta, Georgia
December 1984

in collaboration with

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Adapted for Use in Alberta by
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and
Communicable Disease Control and Epidemiology
Alberta Community & Occupational Health
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Special thanks go to Patricia Anderson and Carla Dilworth, Center for Professional Development and Training, for their careful typing of innumerable drafts and revisions of these handbooks.

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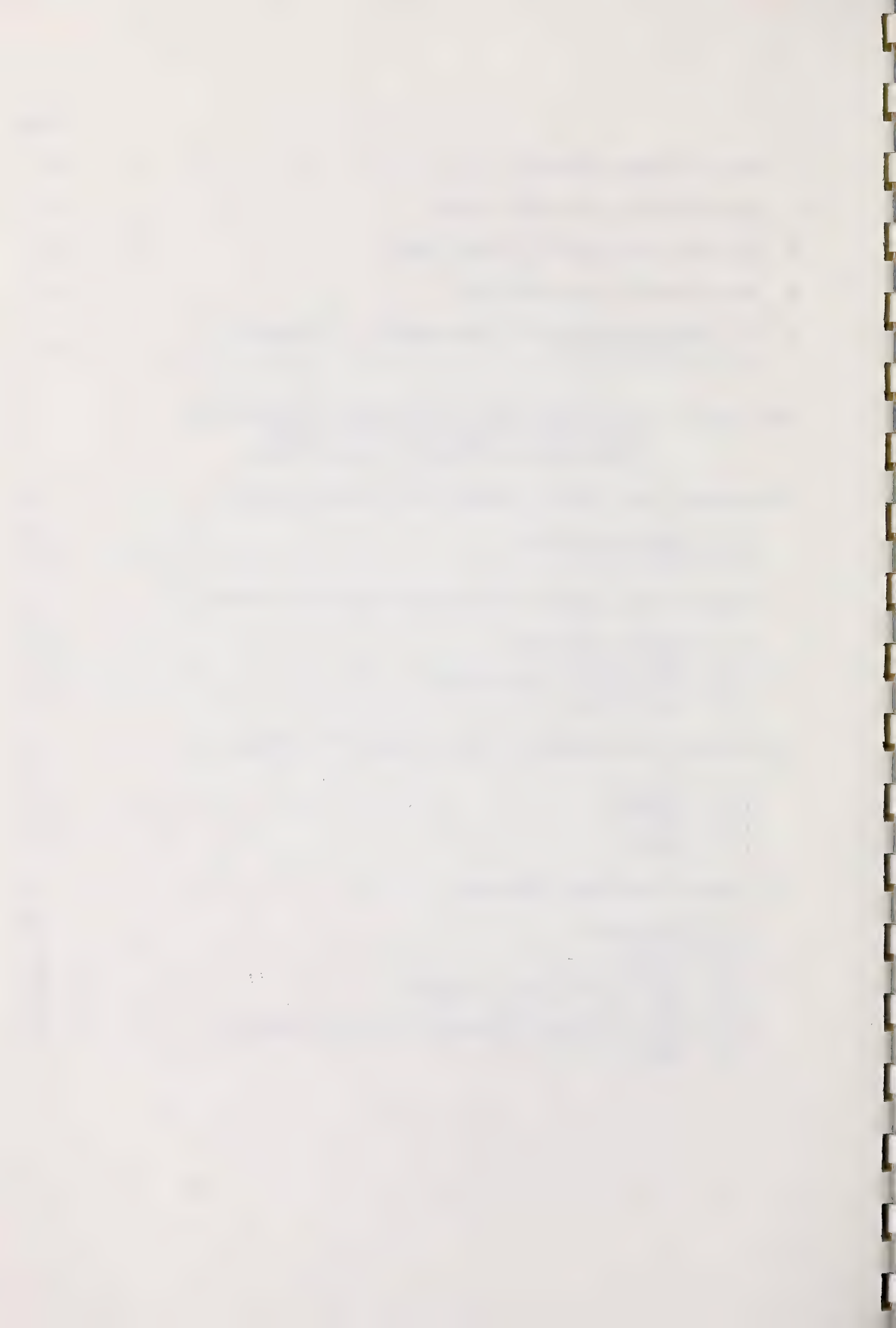
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INTRODUCTION

Why this handbook was developed.

Directors from day care centres across the U.S.A. and Canada have been asking their State, and Provincial Health Departments, local Health Units and the Centers for Disease Control (CDC) how to prevent outbreaks of disease in their centres and how to keep the centre environment as healthy as possible for children and staff.

Public health agencies have learned from day care centre directors that outbreaks of disease in day care centres are not only MEDICAL problems; serious FINANCIAL problems can result as well. A large outbreak with many children absent is very costly to the centre each day. The cost of having just a few children absent for an extended time can also be high. In addition, working parents may have to lose work time and income when their children are sick and need to be kept at home.

Concerns about the consequences of disease in day care centres led to the development of this handbook. Physicians at CDC have provided the medical information and advice; day care directors from a variety of centres have helped to make sure that the recommended procedures will be realistic to follow in the day care setting. All who worked on this handbook have a common interest: to make day care as healthy as possible.

What this handbook includes.

This handbook includes three sections:

SECTION I - WHAT DAY CARE DIRECTORS CAN DO TO STOP DISEASE IN THE DAY CARE CENTRE includes detailed information about the major steps day care directors can follow to stop disease transmission.

SECTION II - WHAT CAREGIVERS CAN DO TO STOP DISEASE IN THE DAY CARE CENTRE explains what caregivers working directly with children in the day care centre need to do to protect themselves and the children from disease. It also tells what to do to STOP a disease from spreading when one person in the centre is sick.

SECTION III - WHAT DAY CARE DIRECTORS, CAREGIVERS AND PARENTS SHOULD KNOW ABOUT CONTAGIOUS DISEASES IN DAY CARE tells about diseases that can spread from one person to another.

How to use this handbook.

READ this handbook to learn what YOU can do to stop disease in the day care centre.

Make available copies of CONTAGIOUS DISEASES IN DAY CARE, "A HANDBOOK FOR DAY CARE DIRECTORS AND CAREGIVERS" to caregivers in your centre.

Make available copies of CONTAGIOUS DISEASES IN DAY CARE, "A HANDBOOK FOR PARENTS" to the parents or guardian of children in the day care centre.

SECTION I

WHAT DAY CARE DIRECTORS CAN DO TO STOP DISEASE IN THE DAY CARE CENTRE

1. HOW DISEASES SPREAD

Knowing **HOW** diseases can spread in a day care centre will help you see **WHY** you need to follow carefully each suggested procedure.

1.1 Many common childhood diseases are contagious.

That is, they spread from one person to another. Everyone knows that some illnesses (like chickenpox) can spread. But many people don't know that diseases like diarrhea, hepatitis, and impetigo can also spread.

1.2 Contagious diseases are spread by germs.

Germs are so small that you cannot see them without a microscope. Yet just a few germs on a hand or a toy may be enough to spread a disease.

1.3 Germs spread through body secretions.

Intestinal tract infections spread through stool. Respiratory tract infections spread through coughs, sneezes, and runny noses.

Other diseases spread through direct contact, or touching.

1.4 People can spread germs without being sick themselves.

A person with a disease is **OFTEN** contagious before he develops symptoms. Sometimes people spread disease germs without ever getting sick themselves.

This means that procedures to prevent the spread of contagious diseases must be followed **ALWAYS** - not just when a person in your centre is already ill.

Of course, young children will sometimes get sick whether or not they are in day care. But in a day care centre, diseases spread easily because large numbers of children from different families spend hours together in one place every day. The special problems of day care centre directors involve keeping **ONE** child's illness from spreading through the centre to the other children and to the staff.

The everyday hygiene that people use with children in their own homes will **NOT** stop the spread of disease in the day care centre. Even though hands and surfaces may **LOOK** clean, when they are washed according to an ordinary household routine, enough germs may remain to spread a disease. The procedures recommended in this handbook **WILL** help **STOP** disease in your centre.

We cannot overemphasize the importance of using ALL these procedures, and following them as closely as possible. If you use only a few, chances are that you will not reduce disease transmission. For example, if your caregivers wash their hands at some crucial times but not at others, germs may spread as if caregivers had not washed their hands at all. Just ONE exposure to germs can be enough to spread a contagious disease.

2. HOW TO STOP DISEASE

2.1 ESTABLISH POLICIES that protect the health of children and staff.

CDC recommends that you establish the procedures described in this section as POLICIES in your centre. Please note that these recommendations do NOT take the place of your province's regulations. Be sure you know the regulations in your province. (Contact your local health unit.)

HANDWASHING

The best way to reduce disease risk in your centre is to see that staff and children follow recommended handwashing procedures.

HOW

Staff should use this method to make sure their hands are free of germs:

- Use soap and running water.
- Rub hands vigorously when washing them.
- Wash all surfaces, including
 - backs of hands
 - wrists
 - between fingers
 - under fingernails.
- Rinse hands well under running water.
- Dry hands with a "single-use" towel.
- Turn off the water using a paper towel instead of bare hands.

WHEN

Caregivers should wash their hands:

- When they come to the centre in the morning
- Before preparing or serving food
- Before and after diapering a child
- After wiping a child's nose or cleaning up messes
- After they've been to the bathroom - either with a child or by themselves.

BE SURE THE CHILDREN'S HANDS ARE WASHED, TOO.

Especially,

- When they arrive at the centre
- Before they eat or drink
- After they use the toilet or have their diapers changed
- After they've touched a child who may be sick.

2.2 ORGANIZE your Centre

Keep your centre, equipment and supplies organized to prevent disease transmission.

CHILD GROUPS

Arrange to have separate classrooms or play areas for each group of children.

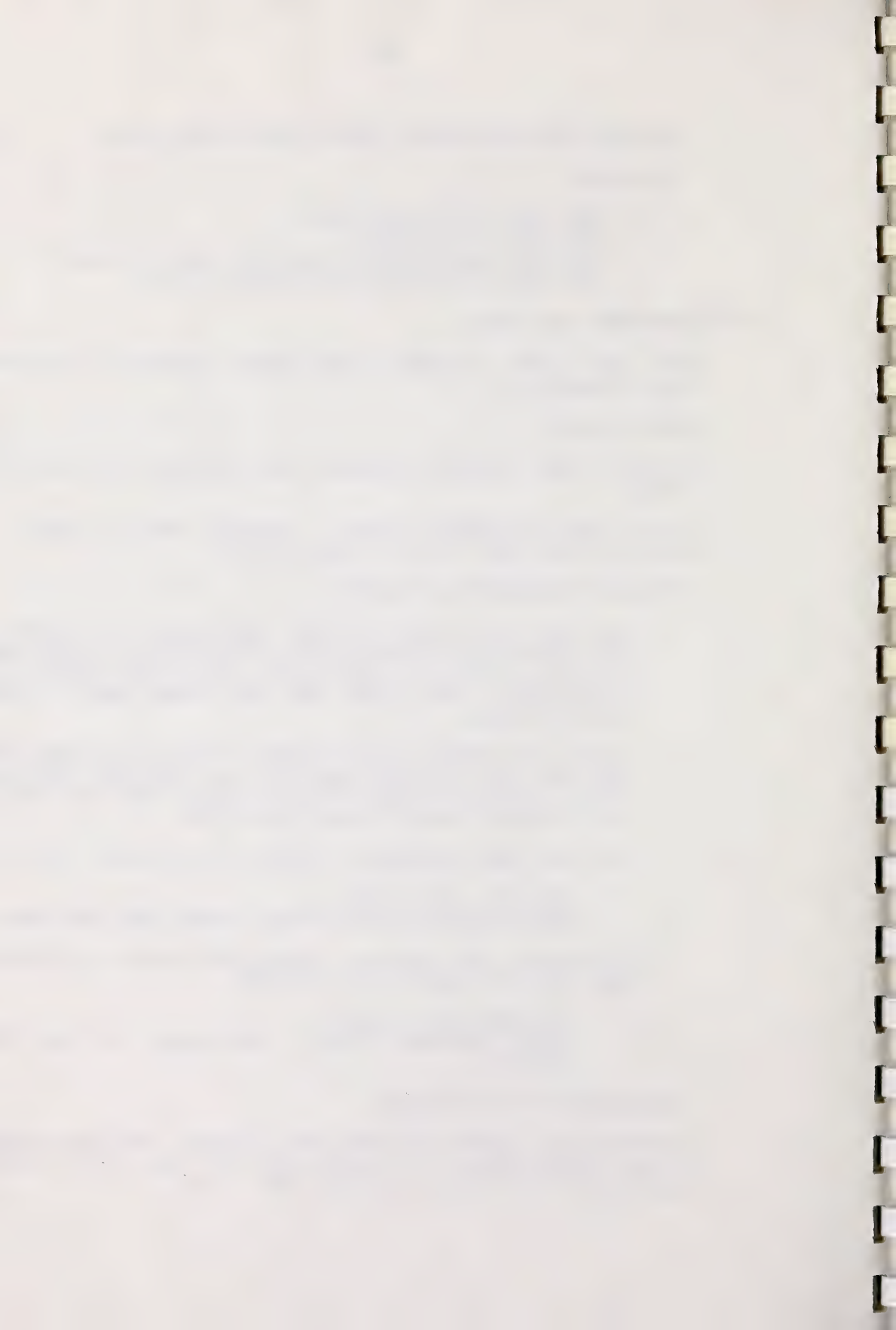
TRY to keep YOUNGER children - especially those in diapers - SEPARATE from older children during the day.

IMPORTANT REASONS for this are:

- When two child groups are mixed, both groups are exposed to any disease that a child in either of the groups is carrying. Keeping the groups separate confines the risk of disease to a single group. Small groups and less mixing result in less spread of disease.
- Infants and toddlers under 3 years of age are at especially high risk for spreading hepatitis A and diarrheal diseases. Keeping groups of young children separate from each other and from older children reduces disease risk.
- Be sure that caregivers in groups with diapered children:
 - DO NOT prepare food
 - DO NOT serve food to children outside their own group.
- If caregivers with groups of infants MUST prepare the infants' food, be sure they WASH their HANDS:
 - BEFORE preparing food
 - WHILE preparing food if interrupted to care for children.

A PLACE FOR SICK CHILDREN

SEPARATE sick children from the other children. You may arrange to keep sick children in a single place in the centre (under supervision) until they can be taken home.



DIAPERING AREA

Diapering Surface

Change diapers directly on paper towels, roll paper, or other disposable covering.

Place the disposable covering on a surface which is:

- SMOOTH, NONABSORBENT, and EASILY CLEANED
Recommended: formica, plastic, metal, enamel or diapering pad. (Avoid rough or porous surfaces like tile or unsealed cement. If you use a diapering pad, it should have an intact washable cover.)
- Out of reach of children
- Separate from the food preparation area
- Within reach of a sink not used for food preparation.

Diapering Supplies

Store diapers and supplies (towels, soap, bleach or disinfectant, sealable plastic bags or a plastic-lined container) in a location:

- easily accessible to caregivers
- out of children's reach.

POTTY CHAIRS

If you use potty chairs, keep them in bathrooms.

DO NOT keep them:

- in playrooms (unless you provide an area separated by screens or other dividers)
- in hallways where children walk.

DO keep them:

- so that the child cannot reach toilets, other potty chairs or any other surfaces that may be covered with germs.

After a child has used a potty chair, empty the potty contents into the toilet.

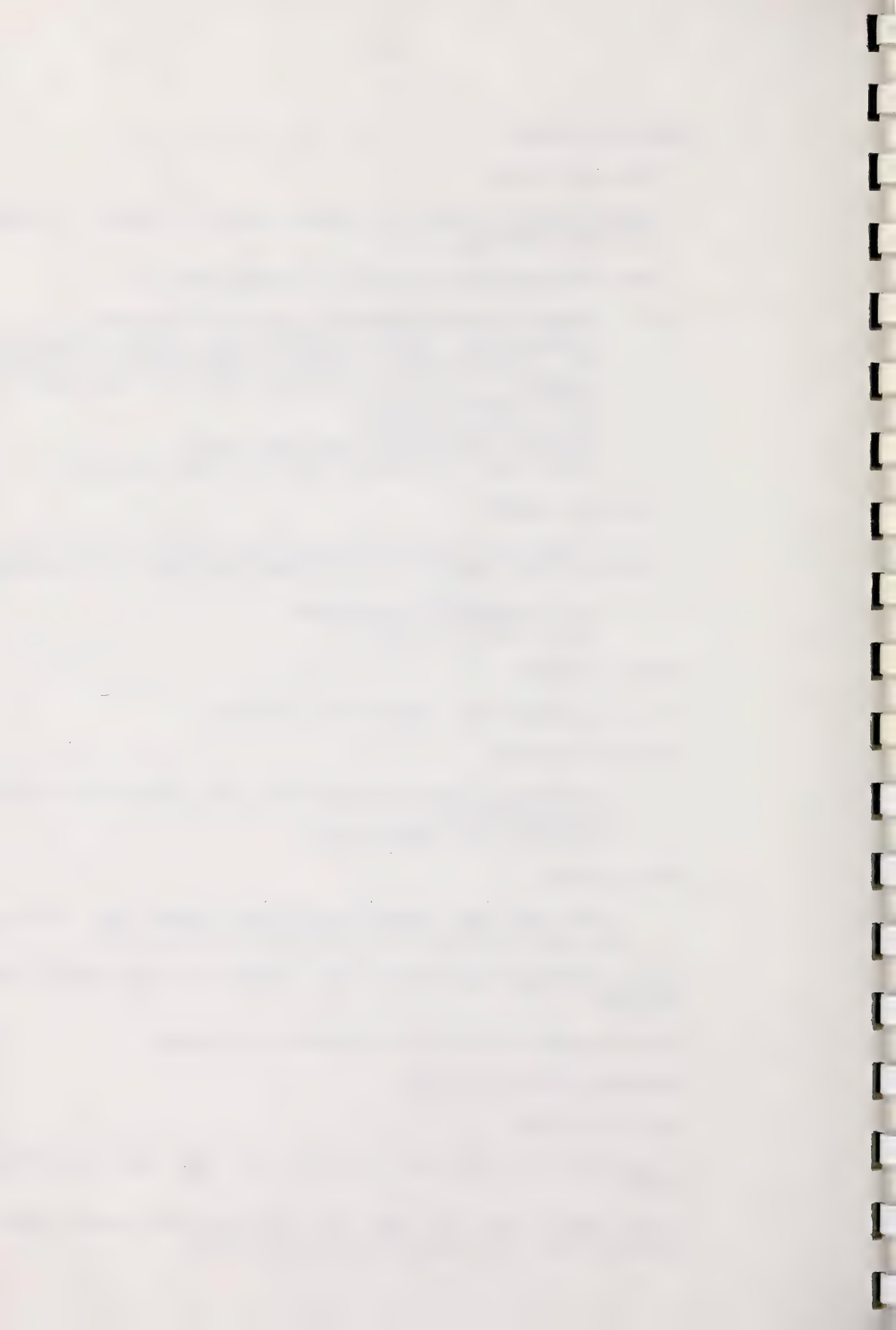
Rinse the potty in a sink used only for this purpose.

Clean and disinfect the sink.

Wash your hands.

If possible, DO NOT rinse the potty in a sink used for washing hands.

If you MUST rinse the potty in a sink used for washing hands, WASH the sink and disinfect all exposed surfaces.



CLEANING AND SUPPLIES

Washing and Disinfecting Surfaces

Note: Disinfecting is effective ONLY if surfaces are thoroughly washed first.

Be sure all facilities and supplies are:

- washed with soap and water
- then disinfected using either bleach solution or a commercial disinfectant which kills bacteria, viruses, and such parasites as Giardia.

To make bleach solution, mix 1/4 cup bleach per gallon of water, or one tablespoon bleach per quart of water. A spray bottle is easy to use, handy for storage and should always be labelled. Fresh bleach solution should be made daily. Keep this solution out of reach of children.

If you use a commercial disinfectant, consult the label or manufacturer to determine whether it will be effective and to determine what strength of solution is necessary. Keep disinfectants out of reach of children.

Surfaces in the bathroom, such as faucet handles and toilet seats should be washed and disinfected more than once a day if possible. Surfaces that infants and young toddlers are likely to touch should be washed every day.

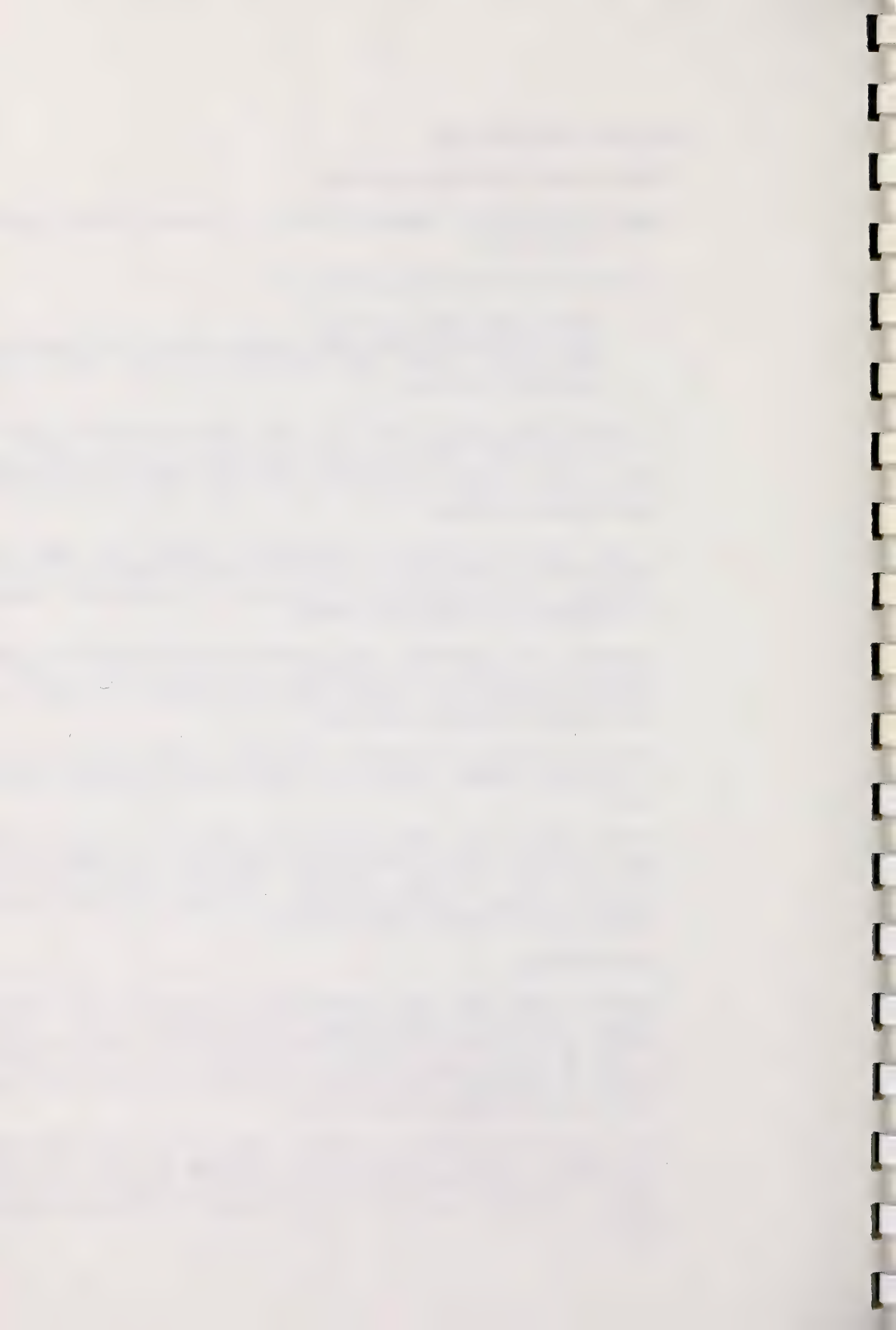
Floors, low shelves, doorknobs, and other surfaces often touched by diapered children should be washed and disinfected every week.

Mattress covers and linen should be washed daily, if each child does not get the same mattress cover every day, or weekly if the child uses the same one everyday. Mattress covers and linen should be stored so that they do not come into contact with another child's mattress cover or linen.

Soiled Clothing

Clothing soiled with stool should NOT be washed at the centre. Instead, caregivers should empty stool into the toilet, being careful not to touch toilet water with their hands. Clothes should be put in sealed plastic bags to be picked up by the child's parent or guardian at the end of the day. Hands should be washed after handling soiled clothing.

Tell parents that although receiving soiled clothes isn't pleasant, this policy protects the health of children and staff in your centre. Washing soiled clothing would expose caregivers and the children in their groups to large amounts of disease-carrying germs.



Supplies

KEEP SUFFICIENT QUANTITIES of facial tissues, paper towels, and supplies for handwashing, diapering, and cleaning so that they are ALWAYS AVAILABLE when needed. KEEP extra linen and mattress covers on hand in case of accidents.

Use only WASHABLE TOYS with diapered children. Provide toys for each child group so that toys are NOT shared between groups.

Ideally, hard-surfaced toys should be washed daily; stuffed toys should be washed weekly and more often if they are heavily soiled. Whenever possible, a toy that is mouthed by a child should be washed before other children handle it.

You might want to keep an empty basin out of children's reach for storing heavily soiled toys. When time is available, toys can be washed, disinfected, and safely reused.

2.3 EXCHANGE important INFORMATION with Parents.

When parents register their children for day care:

- Make available copies of CONTAGIOUS DISEASES IN DAY CARE, "A HANDBOOK FOR PARENTS" to each child's parents or guardian.

EXPLAIN that infection control policies and procedures you use in your centre are described in this handbook. While exposure to many contagious diseases is a normal part of childhood, these policies will minimize the risk of most of the serious and preventable diseases.

- OBTAIN Important Phone Numbers.

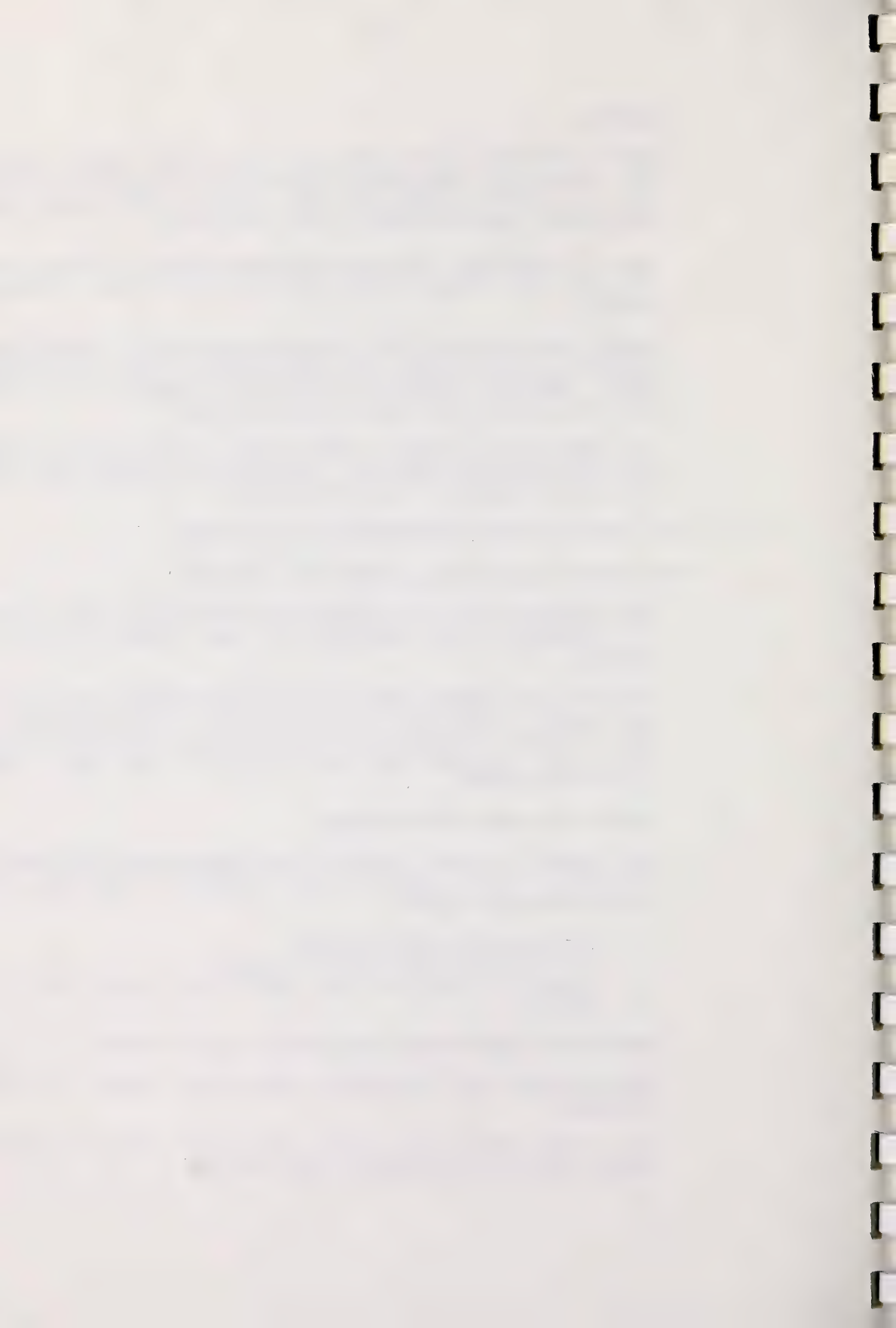
Ask parents to detach, complete, and return to you the Medical Information Form on page 11 of their handbook. This form asks for the following numbers:

- where parents can be reached
- family physician and hospital of choice
- person to contact in the event that parents can't be reached

- EXPLAIN the Immunization Requirements at Your Centre.

Show parents the immunization schedule on page 5 of their handbook.

Tell parents which immunizations their child will need to have before and during enrollment at your centre.



- **DESCRIBE Symptoms You Will Check For in Each Child.**

Show parents the symptom chart on page 7 of their handbook. Explain that if their child develops any of the starred symptoms, you will call the parent to take the child home.

- **ASK parents to KEEP a child with any of the starred symptoms at home until**

- the symptoms disappear
- their physician or the health unit decides the child can return to the centre without spreading infection to the other children.

- **TELL parents the REASONS for your policy. That is,**

- Bringing a child with any of these symptoms to the centre may cause other children to get sick.
- If ALL parents keep sick children at home, everybody's children, including their own, will be sick less often.
- In the end, this will mean fewer lost work days and fewer illnesses for parents themselves.

- **EXPLAIN that you will NOTIFY parents if their child has been exposed to contagious diseases.**

They should then **BE ALERT** to symptoms of that disease in their child. Ask them to keep their child at home if he develops symptoms until:

- symptoms disappear
- their physician or the health unit decides the child can return to the centre without spreading infection to the other children.

- **Ask parents to KEEP YOU INFORMED about any exposures to contagious diseases.**

Ask them to tell you:

- if their child has been exposed to any of the following diseases, which are listed on page 7 of their handbook

Bacterial meningitis

Chicken pox

Diarrheal disease

- Shigella
- Campylobacter
- Salmonella
- Giardia

Diphtheria

Hepatitis A

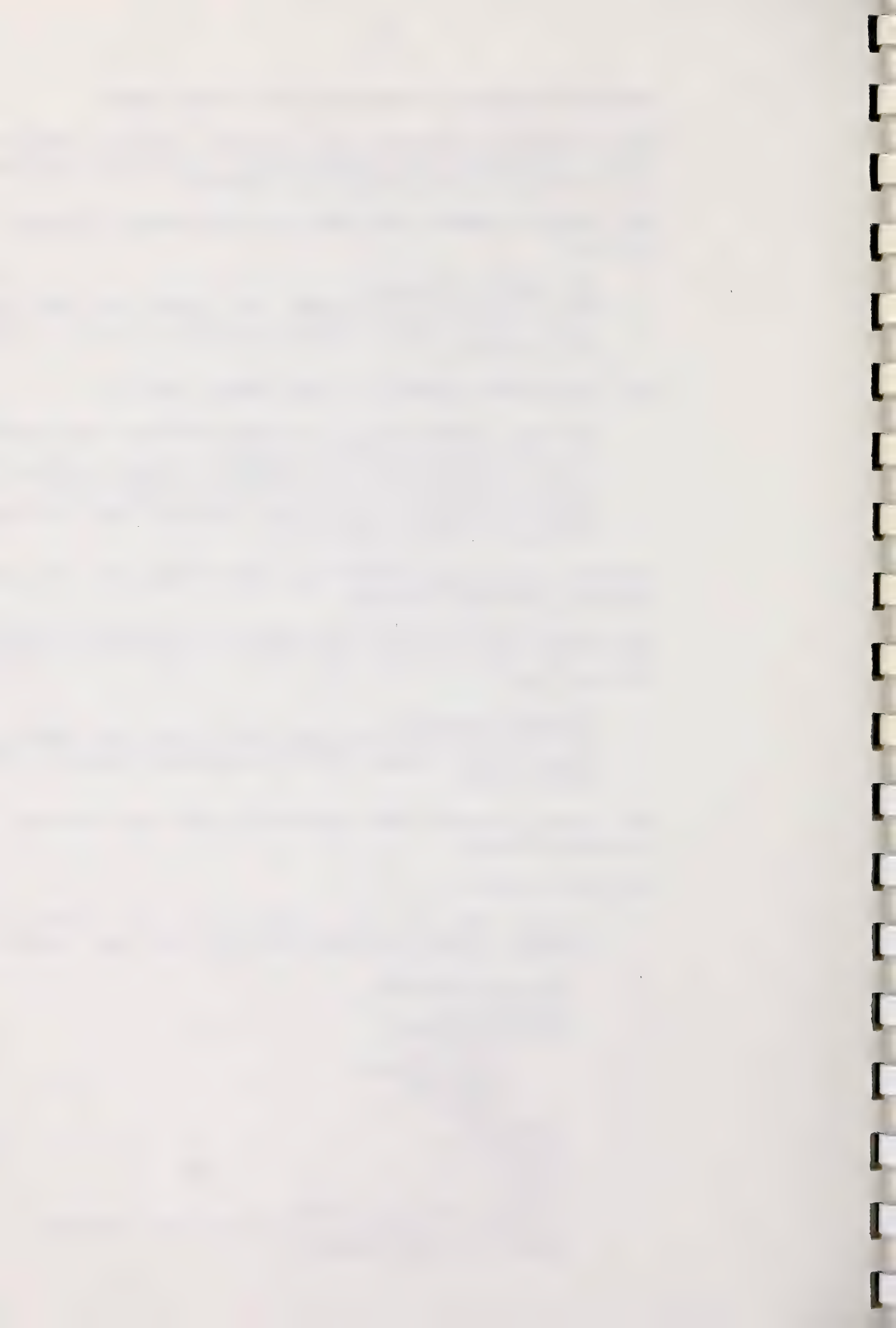
Measles

Mumps

Pertussis (whooping cough)

Pneumonia, epiglottitis, or acute infectious arthritis

Rubella (German measles)



The staff can then be especially alert about handwashing and other preventive measures.

- if the child is diagnosed as having a contagious disease, then the centre can take preventive measures to protect the health of the other children.
- **ENCOURAGE** parents to **ASK QUESTIONS** about anything they don't understand in their handbook. Tell them the best way to **STOP** disease is through close cooperation among parents, day care centre staff, children's physicians, and local Health Units.

2.4 KEEP immunization RECORDS.

FIND OUT from the parents of all the children in your centre

- which immunizations their child has received
- if their child has had measles and mumps.

NOTE: Children who have mumps or measles diagnosed by a physician have a lifelong immunity and do not need to be immunized for that disease. Only a note from a physician should be accepted as evidence that a child has had measles or mumps.

ASK parents to have their children immunized according to the chart on the next page. This chart also appears in their handbook.



Keep an **IMMUNIZATION RECORD** for each child in the child's permanent folder. Update the record as a child receives additional vaccine doses. This way, you can easily see when children are due for vaccinations, and you can remind their parents. **Note:** Some provinces require children whose immunizations are not up to date be excluded from day care centres.

Staff should ALSO BE FULLY IMMUNIZED.

While staff should all be adequately immunized as outlined in Appendix B, it is essential that all women have documented evidence of immunity to rubella.

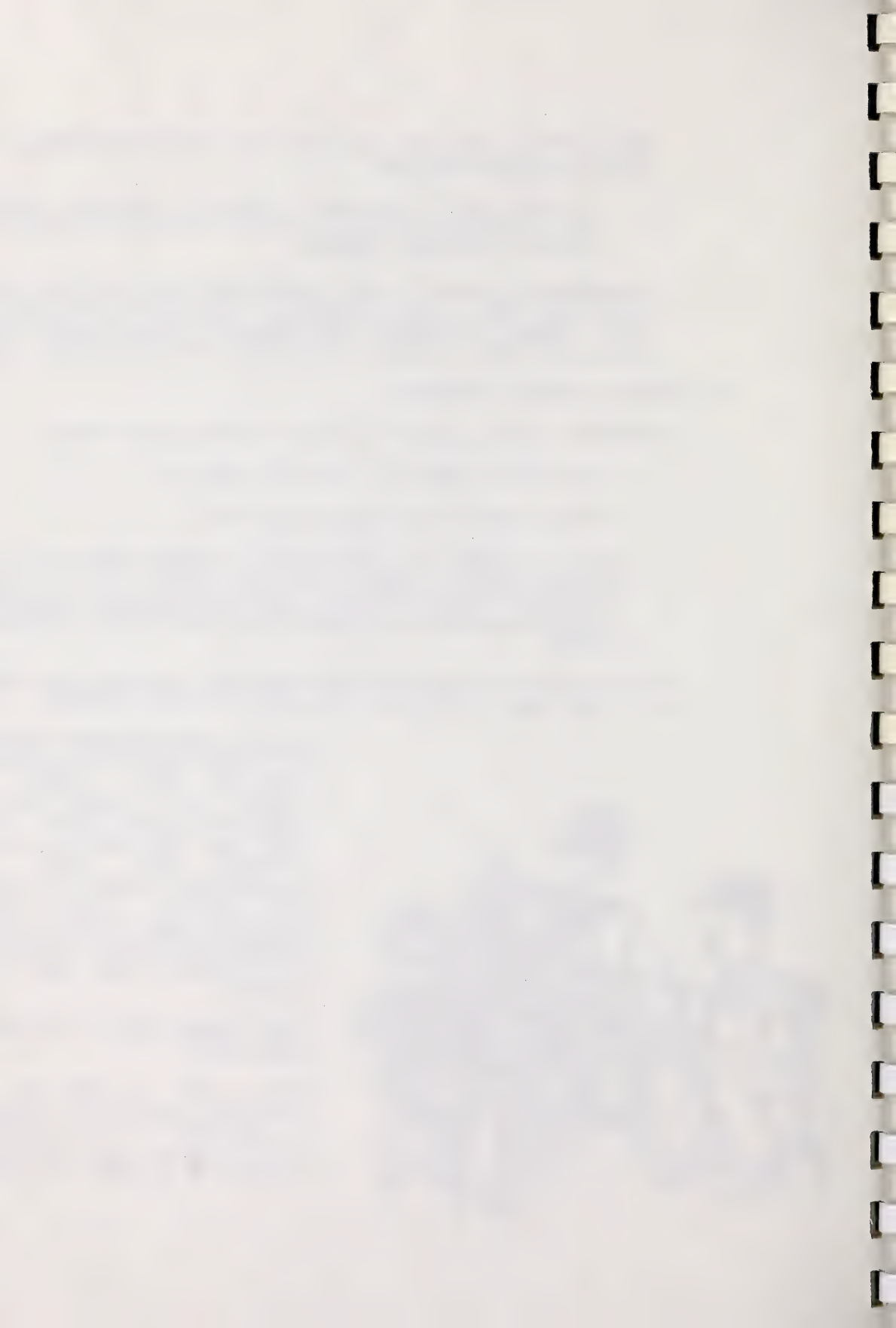


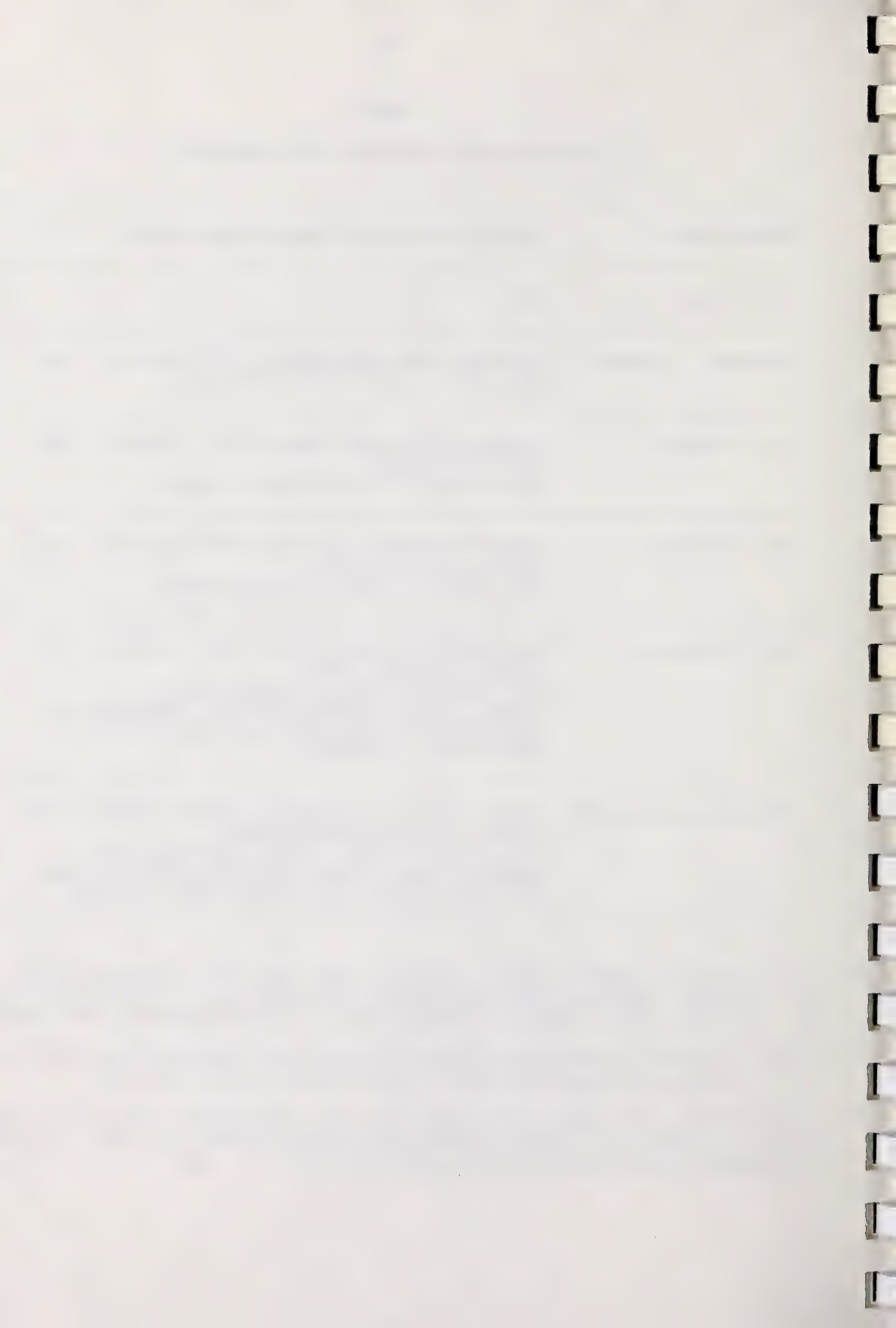
Table 1
IMMUNIZATION SCHEDULE FOR CHILDREN

Child's Age	Child's Immunizations Record Should Show
0 - 6 weeks	None
6 weeks - 4 months	Diphtheria/Pertussis/Tetanus (DPT) vaccine: first dose; Polio vaccine (OPV): first dose
4 - 6 months	Diphtheria/Pertussis/Tetanus (DPT) vaccine: first and second doses; Polio vaccine: first and second doses
6 - 12 months	Diphtheria/Pertussis/Tetanus (DPT) vaccine: first, second, and third dose Polio vaccine: first and second doses
12 - 18 months	Diphtheria/Pertussis/Tetanus (DPT) vaccine: first, second, and third doses Polio vaccine: first and second doses Measles, mumps, rubella vaccines: available as a single injection called MMR (one immunization is effective for a lifetime)*
18 months and over**	Diphtheria/Pertussis/Tetanus (DPT) vaccine: first, second, third, and fourth doses Polio vaccine: first, second, and third doses Measles, mumps, rubella vaccines (MMR): one dose Haemophilus influenzae vaccine (Hib): one dose

* Ideally the MMR vaccine should be given as soon as possible after 12 months. Children who have received the vaccine on or after their first birthday have a lifelong immunity and do not need to be immunized again.

** If a child is older than 18 months and has NOT received immunizations on schedule, he may receive MMR, DPT, and OPV at the same time.

EXAMPLE: If a child is 17 months old, his record should show that he has had 3 doses of Diphtheria/Pertussis/Tetanus vaccine, 2 doses of polio vaccine, and the measles/mumps/rubella injection.



2.5 Take ACTION when a CHILD is SICK

These are important symptoms of illness to look for among children in day care:

***Diarrhea**

- more than one abnormally loose stool. If a child has just one loose stool, he may have diarrhea. Observe the child for additional loose stools or other symptoms. Be sure that the child and his caregivers wash their hands at all recommended times.

***Severe coughing**

- child gets red or blue in the face
- child makes high-pitched croupy or whooping sound after he coughs.

***Difficult or rapid breathing**

- especially important in an infant under 6 months of age.

***Yellowish skin or eyes**

***Pinkeye**

- tears, redness of eyelid lining, irritation, followed by swelling and discharge of pus.

Unusual spots or rashes

Sore throat or trouble swallowing

Infected skin patch(es)

- crusty, bright yellow, dry or gummy areas of skin.

Unusually dark, tea-coloured urine

Grey or white stool

Headache and stiff neck

Vomiting

Unusual behavior

- child is cranky or less active than usual
- child feels general discomfort or just seems unwell.

Loss of appetite

Severe itching of body or scalp or scratching of the scalp

- may be signs of lice or scabies.

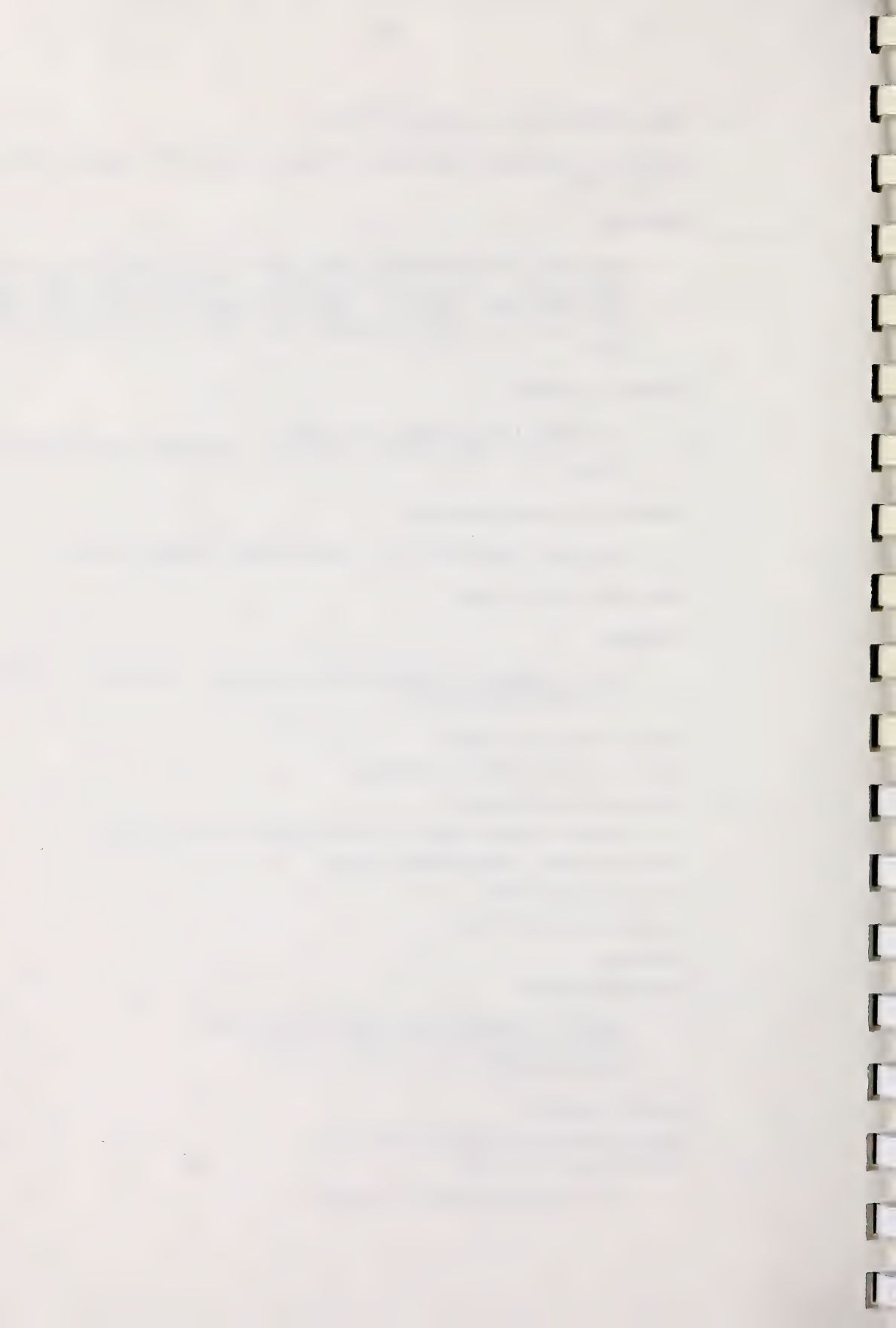
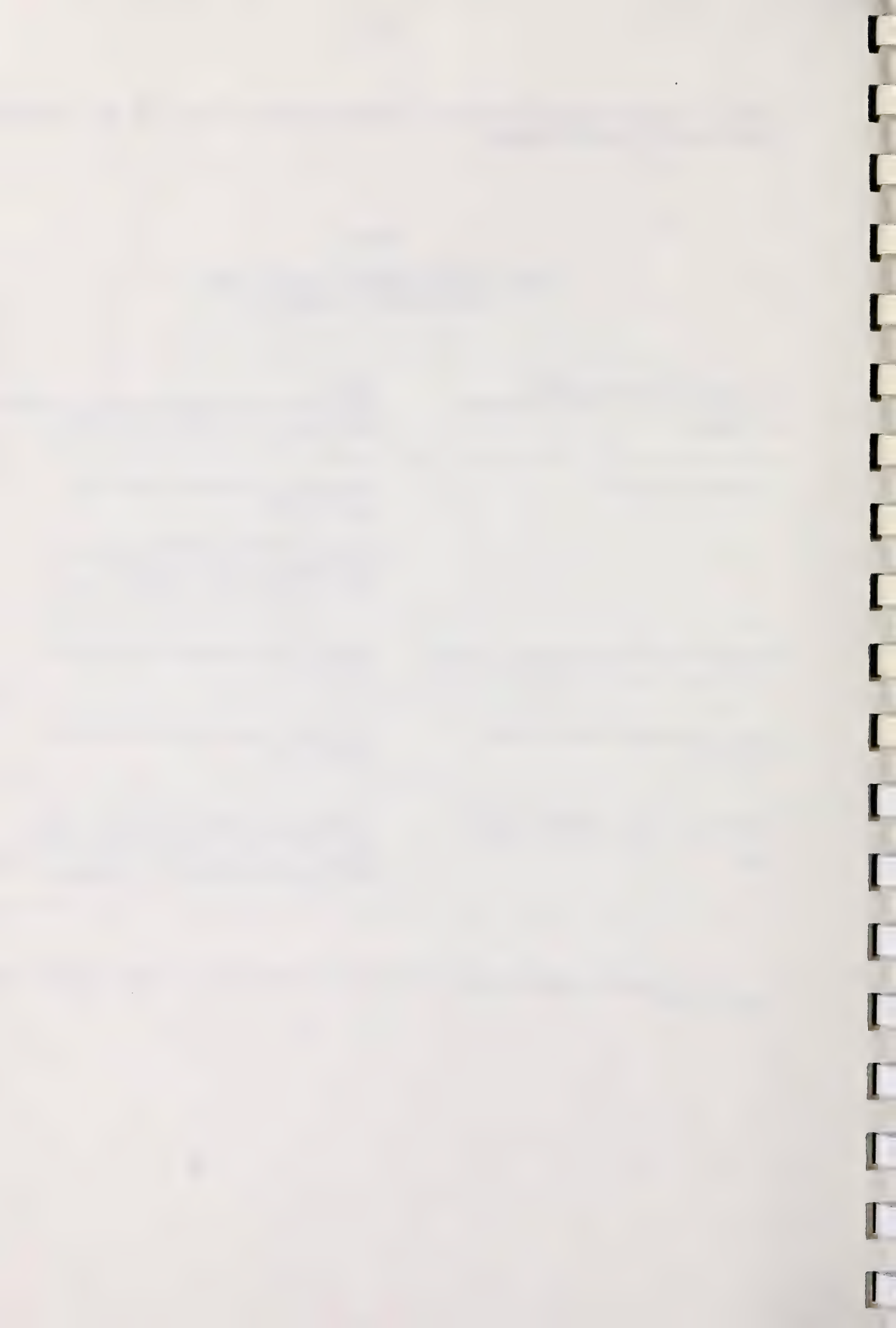


Table 2 shows what you should do when a child has any of the symptoms listed on the preceding page.

Table 2
WHAT TO DO WHEN A CHILD HAS
SYMPTOMS OF DISEASE

If a child in your centre develops any of these symptoms of illness	Then separate him from the other children and observe for other symptoms
Appears feverish	Be sure a caregiver takes his temperature. Fever is 100°F (37.8°C) by oral thermometer or by using a thermometer under child's arm.*
Has ANY of the symptoms on the preceding page marked with a star	Contact his parents to have him picked up.
Has a fever and ANY of the symptoms	Contact his parents to have him picked up.
Has any of the symptoms NOT marked by stars and is without fever	Contact his parents to ask if they were aware of the symptoms and to obtain any information they have about the child's condition or diagnosis.

* Rectal temperatures should never be taken by non-medical people in day care centres.



The following 4 pages (Table 3) summarize diseases that may occur and control measures you should take:

If you know a sick child's diagnosis:

- Find that disease in Table 3 on the following pages.
- Take the actions recommended in Table 3.

Note: For most of these diseases, you are directed to call the Health Unit to report any case that occurs in your centre.

These are the kinds of questions the Health Unit can help you answer:

- Should exposed children and staff receive medications or immunizations?
- What other measures should be taken to protect exposed children and staff?
- What information should parents receive?
- When can the ill child be readmitted?

Contact your local Health Unit about vaccination programs as well as other health related issues.

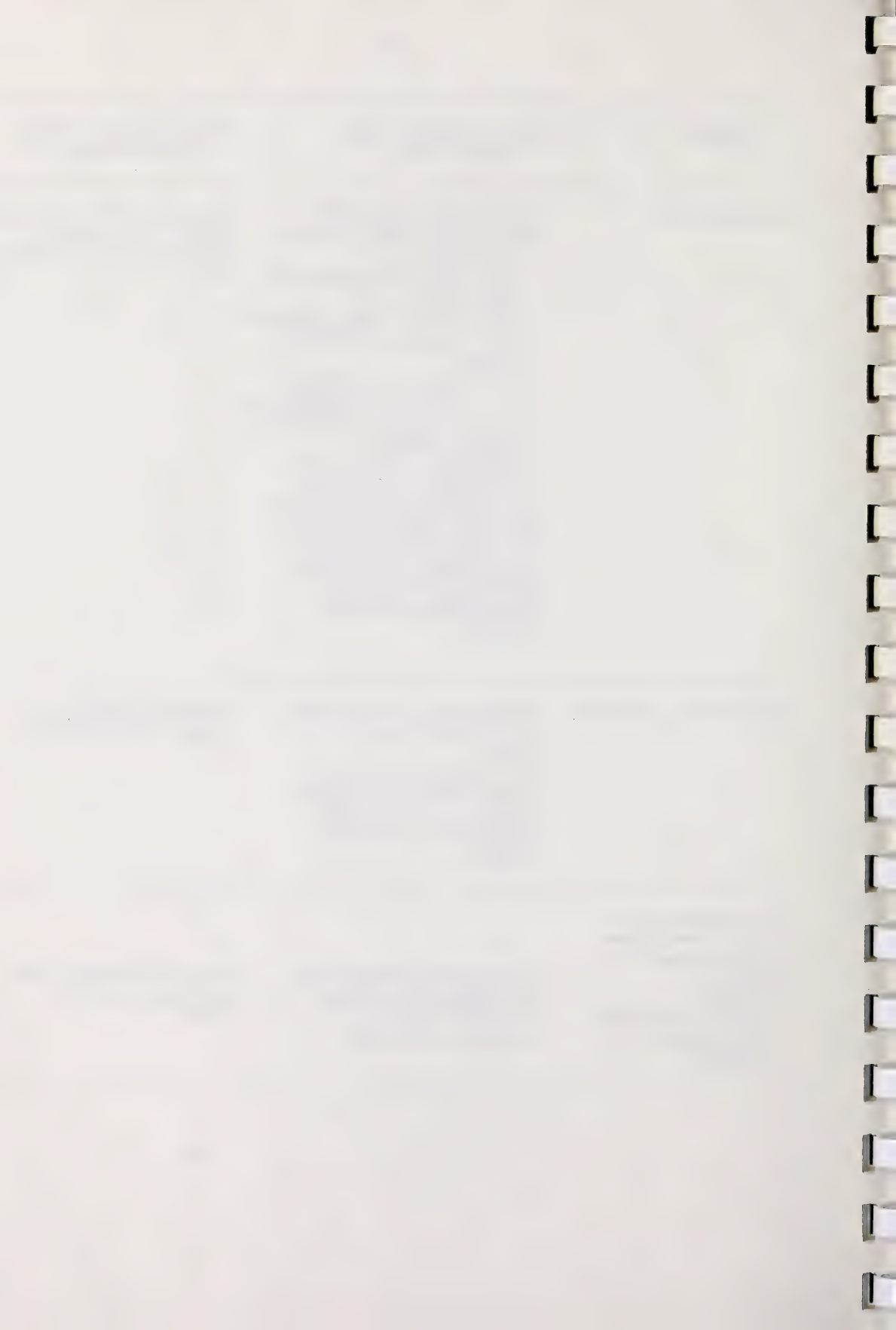
Consult SECTION III - WHAT DAY CARE DIRECTORS, CAREGIVERS AND PARENTS SHOULD KNOW ABOUT CONTAGIOUS DISEASES IN DAY CARE for more information about the child's infection.

Table 3

**SUMMARY OF DISEASES THAT MAY OCCUR
AND CONTROL MEASURES**

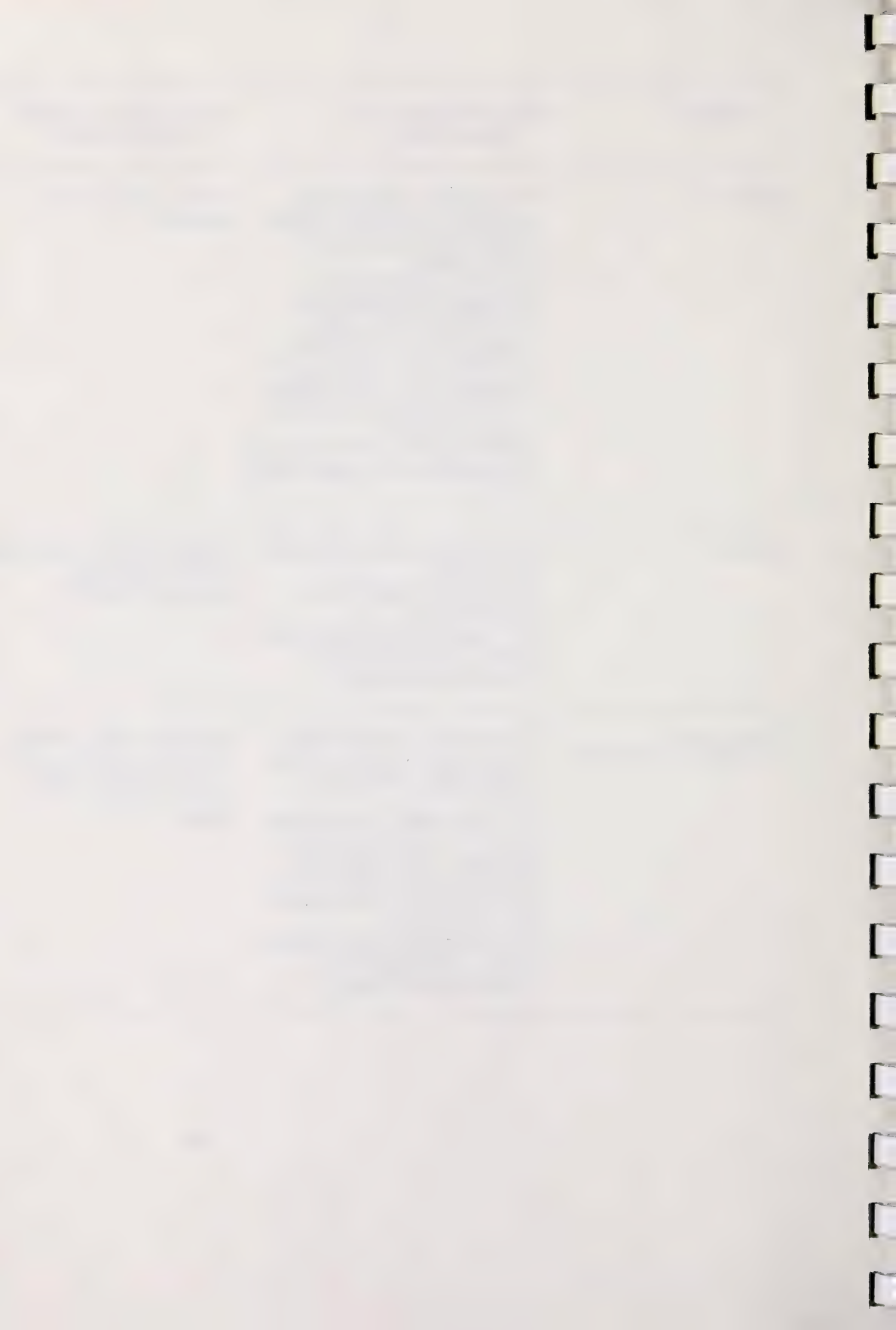
Disease	Control Measures You Should Take	Allow Child to Return to the Centre
BACTERIAL MENINGITIS	- Temporarily exclude the sick child from the centre. - Contact the child's physician. - Explain that the child attends your day care centre. - Ask what germ caused the meningitis and what age groups are likely to be affected. (Some meningitis germs affect adults as well as children.) - Contact your Health Unit. - tell them about the case of meningitis and the germ that caused it. - Ask what actions they recommend to prevent spread of infection. (They may recommend antibiotics for children and staff.) - Contact all parents of children in your centre as directed by the Health Unit. - Tell them their child may have been exposed to bacterial meningitis, a serious contagious disease. - Tell them their child should see a physician IMMEDIATELY if he develops fever, headache, rashes, spots, unusual behavior or any other symptom that concerns them. - Tell them any other preventive measures your Health Unit recommends. - Be especially careful about group separation and hygiene procedures.	When the Health Unit informs you that it is safe.

Disease	Control Measures You Should Take	Allow Child to Return to the Centre
CHICKENPOX	- Exclude the sick child. - Immediately notify parents or physicians of: - any child taking steroid medications, or - who has ever been treated with cancer or leukemia drugs - of any case of chickenpox in your centre. (Chickenpox can be extremely dangerous to these children.) - Immediately contact your Health Unit to find out what additional preventive measures should be taken. - Be especially sure that group separation, hand-washing and cleaning procedures are being followed.	One week after the rash begins, or when all chicken pox are scabbed over.
DIARRHEAL DISEASE	- Temporarily exclude the sick child from the centre. - Be especially sure that group separation, hand-washing, and cleaning procedures are being followed.	When the child no longer has diarrhea.
If you know it is any of the following diarrheal diseases: SHIGELLA CAMPYLOBACTER SALMONELLA GIARDIA	- Contact the Health Unit for advice on testing other ill and well children and staff.	When the Health Unit informs you it is safe.



Disease	Control Measures You Should Take	Allow Child to Return to the Centre
DIPHTHERIA	- Temporarily exclude the sick child from the centre. - Immediately contact your Health Unit to find out what additional preventive measures should be taken. - All children and staff should be observed for sore throats for seven days. - Anyone developing a sore throat should see a physician. - Incompletely immunized children should consult the Health Unit and/or a physician. - Be especially careful about group separation and hygiene procedures.	When the Health Unit informs you it is safe.
HEAD LICE	- Temporarily exclude the infected child from the centre. - Immediately contact your Health Unit for advice about examining and treating exposed children and caregivers. - Wash infected child's recently used clothing or bedding. - Vacuum to get rid of lice in the environment.	After treatment has begun.
HEPATITIS A	- Temporarily exclude the sick child from the centre. - Immediately notify your Health Unit. (They will usually recommend immune globulin shots for children and staff and additional preventive measures.) Ask for specific recommendations on notifying parents and on admitting ill children. - Be especially careful about group separation and hygiene procedures.	1 week after illness begins.

Disease	Control Measures You Should Take	Allow Child to Return to the Centre
MEASLES	- Temporarily exclude the sick child from the centre. - Immediately notify your Health Unit. - Identify unimmunized children and caregivers, and be sure they are vaccinated, or EXCLUDE them from the centre until 2 weeks after rash appears in the last case of measles in your centre. Immune globulin may also be recommended by your Health Unit.	5 days after rash appears.
MUMPS	- Exclude the sick child from the centre. - Immediately notify your Health Unit. - Be especially careful about group separation and hygiene procedures.	After swelling subsides (or 9 days after swelling begins).
PERTUSSIS (WHOOPIING COUGH)	- Temporarily exclude the sick child from the centre. - Immediately notify your Health Unit. - For two weeks be especially alert for coughs in other children. Children who develop coughs should be sent home until diagnosed by a physician. - Be especially careful about group separation and hygiene procedures.	4 weeks after intense coughing begins, or 5 days after the antibiotic treatment has begun.



Disease	Control Measures You Should Take	Allow Child to Return to the Centre
PNEUMONIA or EPIGLOTTITIS or INFECTIOUS ACUTE ARTHRITIS	- Temporarily exclude the sick child from the centre. - Immediately contact the child's physician. Explain that the child attends your day care centre. Ask if the child's illness is due to haemophilus influenzae (H-flu).*	
	If NO, ask when he can return to your centre without risk.	If NOT due to H-flu, when the physician responsible informs you it is safe.
	If YES, immediately notify your Health Unit. Ask what actions they recommend to prevent spread of infection. Then CONTACT ALL PARENTS. Tell them their children may have been exposed to a serious contagious disease. Tell them what actions the Health Unit recommends. Also tell them their children should IMMEDIATELY see a physician if they develop fever, headache, symptoms of infection, or behaviour that seems unusual. - Be especially careful about group separation and hygiene procedures. IMPORTANT: H-flu (haemophilus influenzae) is NOT the same germ as "f.u" or influenza. H-flu can cause SERIOUS (fatal) ILLNESS in young children. If a case of H-flu occurs in your centre, BE SURE you immediately TAKE all ACTIONS described above.	If due to H-flu, when the Health Unit informs you it is safe.

* A vaccination for haemophilus influenzae (Hib) is recommended for children at 18 months of age. Check with your Health Unit or physician.

Disease	Control Measures You Should Take	Allow Child to Return to the Centre
RUBELLA (also called GERMAN MEASLES, THREE-DAY MEASLES)	- Temporarily exclude the sick child from the centre. - Immediately notify your Health Unit. - Any pregnant staff members should consult their physicians or the health nurse. - Be especially careful about group separation and hygiene procedures.	5 days after rash appears.
SCABIES	- Temporarily exclude the infected child from the centre. - Immediately notify your Health Unit for advice about identifying and treating exposed children and caregivers.	The day after treatment has begun.
STREPTOCOCCAL SORE THROAT (STREP THROAT)	- Temporarily exclude the sick child from the centre.	24 hours after anti-biotic treatment has begun.

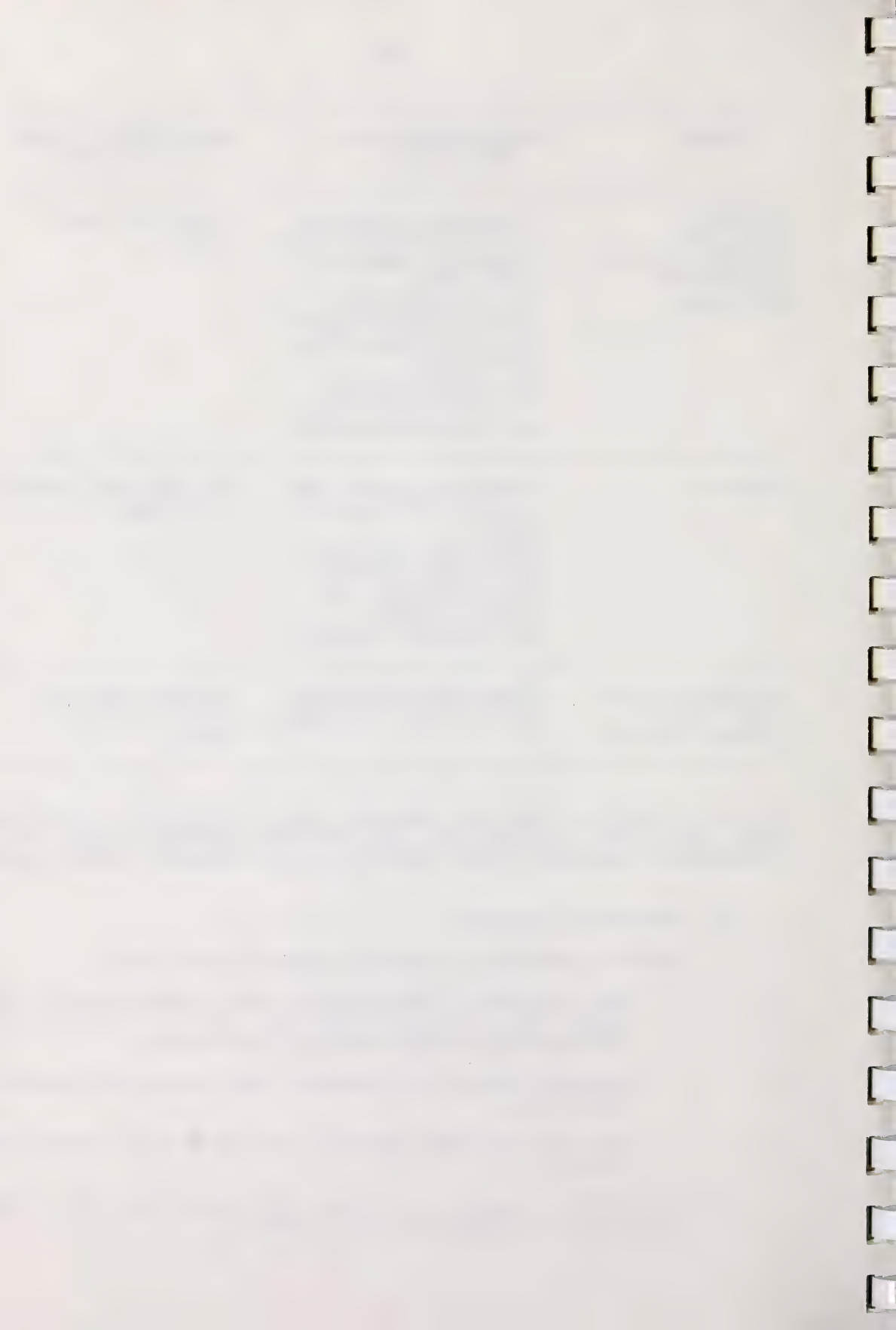
For more information about these diseases, consult SECTION III - WHAT DAY CARE DIRECTORS, CAREGIVERS AND PARENTS SHOULD KNOW ABOUT CONTAGIOUS DISEASES IN DAY CARE, or ask your Community Health Nurse.

2.6 SUPERVISE Caregivers

TRAIN all caregivers to follow the policies in your centre.

- Make available to each caregiver copies of this handbook. The section for caregivers tells them HOW to perform each recommended procedure included in your policies.
- Encourage them to ask questions about procedures they don't understand.
- The attached sample agenda can help you conduct training (see Appendix A).

ENCOURAGE caregivers to obtain the immunizations they need according to the directions in their section.



ENCOURAGE caregivers to be screened for tuberculosis before they begin working at your centre.

PLAN the work caregivers will perform related to disease prevention and control.

Tell them how you will evaluate their performance.

OBSERVE and **EVALUATE** caregivers' work regularly to learn:

- whether caregivers are carrying out the procedures correctly, and
- where they need to improve.

You may wish to ask the caregivers how **THEY** feel about their work performance and what improvements they believe are needed.

GIVE caregivers **ADVICE** or **ASSISTANCE** they need to perform their work correctly.

IDENTIFY procedures that are carried out well.

From time to time, **RECOGNIZE** good work with some comment or show of appreciation.

IDENTIFY procedures that are **NOT** being carried out well.

For these procedures, identify the reasons they are not being carried out well.

One or more of these might be reasons that work is not being performed correctly:

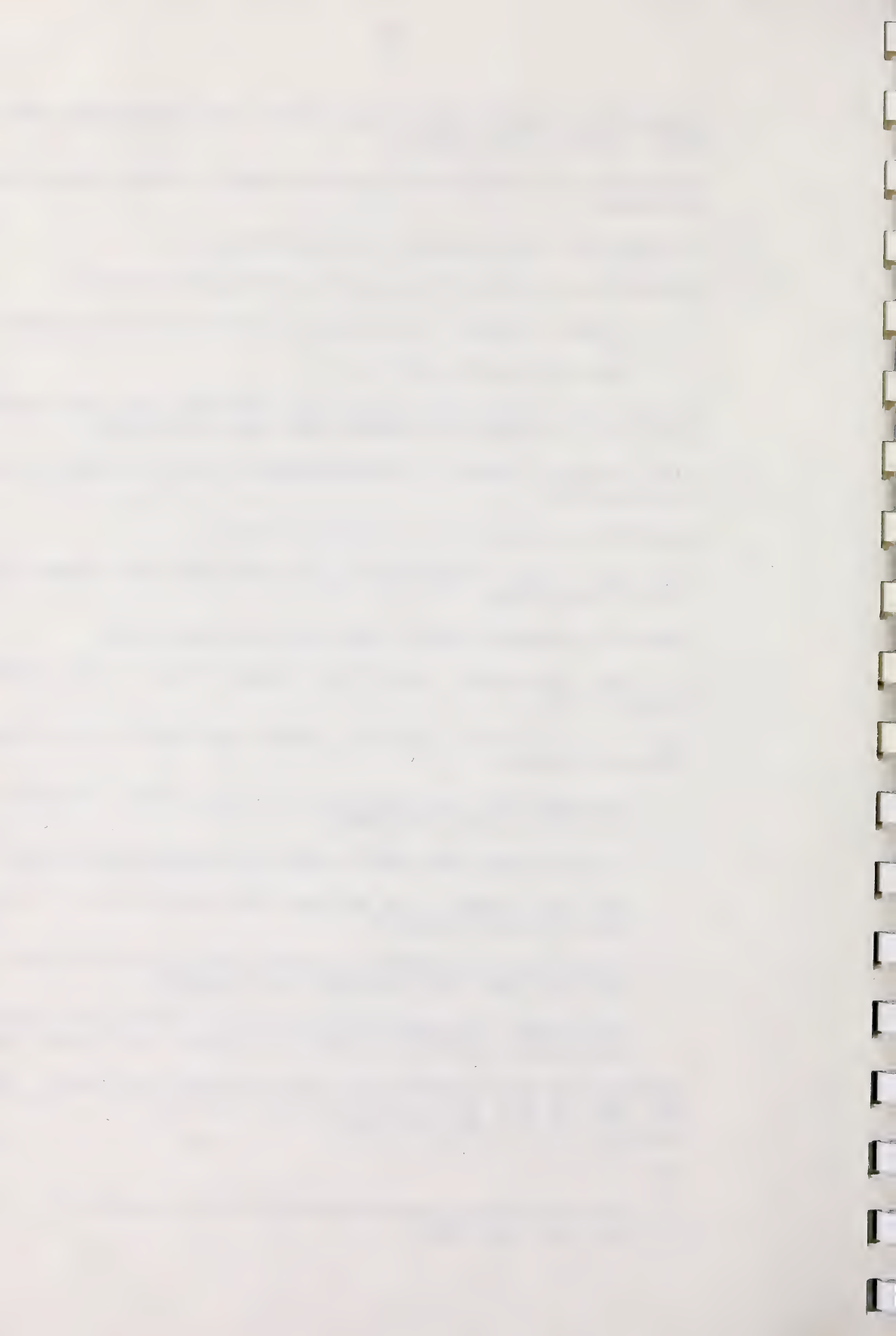
- Caregivers may never have been told what work is expected or how to do the work correctly.
- Caregivers may not want to follow the recommended procedure.
- They may prefer to do the work the easiest way or the way they are used to doing it.
- There may be obstacles over which caregivers have no control that keep them from doing their work correctly.

For example, they may not have **ENOUGH TIME** or the **RIGHT MATERIALS** needed to perform a procedure the correct way.

DISCUSS with the caregivers the work that needs improvement. You may want to **ASK** the caregivers what they think are causes of problems in their work performance.

Ask:

- for their ideas on how they could improve their work, and
- how you might help.



FIND SOLUTIONS to improve the way procedures are being carried out.

For example, you might:

- Provide any specific on-the-job training needed.
- Keep caregivers informed about the quality of their work.
 - Tell them when they have done well and when they need to improve.
 - Recognize and acknowledge improvement in job performance.
 - Discuss their concerns about work.
- Modify the centre's organization or procedures (when possible) to remove or minimize obstacles that interfere with caregivers' work performance. For example, if a caregiver is not watching the children wash their hands before a meal because she is busy serving food, you might assign one of those responsibilities to another caregiver.
- **WHENEVER YOU CAN**, try to work **WITH** the caregivers to come up with solutions to problems in job performance. If caregivers feel that they have a part in deciding on solutions and understand the reasons for them, they are more likely to work with **YOU** to put solutions into effect.

This handbook tells what **YOU**, as day care centre director, can do to **STOP** disease in your centre.

The **BEST** approach to disease prevention is through close cooperation between **YOU**, the centre director; your caregivers; and the parents of children in your centre. We hope this handbook will help you work together to protect the health of children, families, and yourselves.



APPENDIX A

AGENDA FOR TRAINING CAREGIVERS

You may wish to use or modify this agenda when you train your caregivers in procedures they should follow to protect health and control disease. The children's naptime is a good time to provide this training; then you won't have to schedule extra hours. Your Health Unit may be able to assist you in training your staff in food handling and infection control procedures.

BEFORE TRAINING

1. READ all the information in this handbook ahead of time.
2. JOT DOWN information you want to discuss from the section for Caregivers and from the other sections.
 - Note particularly NEW STEPS you'll want to emphasize.
 - You might want to read information from SECTION III - WHAT DAY CARE DIRECTORS, CAREGIVERS AND PARENTS SHOULD KNOW ABOUT CONTAGIOUS DISEASES IN DAY CARE to your caregivers. For example, you might read the information about diarrhea when you discuss handwashing.
3. Make available copies of CONTAGIOUS DISEASES IN DAY CARE, "A HANDBOOK FOR DAY CARE DIRECTORS AND CAREGIVERS" to caregivers in your centre.

DURING TRAINING

1. EXPLAIN that the purpose of the training is to discuss procedures they should follow to STOP DISEASE.
2. DISCUSS the reasons for following these procedures. That is,
 - In day care centres, diseases can spread easily among children and staff because large numbers of children from different families spend hours together every day.
 - Everyday hygiene people use with children in their homes WILL NOT stop the spread of disease in a day care centre.
 - The recommended procedures WILL help reduce spread of disease - if ALL procedures are followed as closely as possible. Following some procedures and not others may not reduce disease at all.
3. ASK your caregivers to look quickly over the MAJOR STEPS they need to follow. Explain that you will discuss each of the steps in more detail. Tell them you will want them to raise questions or concerns as you go.
4. READ the section for caregivers.

5. DISCUSS this section.

- Pause and ask for questions.
- Feel free to give EXAMPLES and to ask your caregivers to provide examples from their own experience.
- Mention procedures which are new or which you believe caregivers don't now use.
- RELATE procedures they now perform well with new steps they need to learn.
- Encourage caregivers to bring up procedures they find impractical, and discuss REALISTIC solutions with them.
- Discuss each caregiver's particular working situation.
- Discuss how and when caregivers can teach the CHILDREN about procedures THEY need to follow.

6. ASK your caregivers if they have QUESTIONS. Tell them again that it is important for them to follow ALL PROCEDURES. Encourage them to read over their section again and to ask questions as they occur.

AFTER TRAINING

1. COMMENT on disease control procedures your caregivers are performing WELL.
2. REMIND them of procedures to stop disease which they still need to learn.

APPENDIX B

CDC RECOMMENDATIONS FOR THE IMMUNIZATION OF CAREGIVERS IN DAY CARE CENTRES

Immunity to the following diseases is recommended for caregivers in day care centres:

Diphtheria, Tetanus, Mumps, Measles, Polio, Rubella.

A record indicating immunity to these diseases must show the following:

Diphtheria and Tetanus

- Documentation of completion of a primary series (3 doses) for tetanus and diphtheria
- Boosters within the last 10 years.

Mumps

- Documentation of vaccination with mumps vaccine on or after the 1st birthday, or
- Documentation of physician-diagnosed mumps disease, or
- Laboratory evidence of immunity.

Measles

- Born after 1956 (people born before 1956 are considered immune)
- Documentation of vaccination with live measles vaccine on or after the first birthday, or
- Documentation of physician-diagnosed measles disease, or
- Laboratory evidence of immunity.

Polio

- Any caregiver should have documentation of vaccination with a primary series (3 or more doses) of polio vaccine.

Rubella (mandatory for day care workers in Alberta)

- Documentation of vaccination with rubella vaccine on or after 1st birthday, or
- Laboratory evidence of immunity.
(A history of rubella disease is NOT adequate evidence of immunity.)

MMR (measles, mumps, rubella) vaccine should be used if a caregiver is thought to be susceptible to more than one component of measles, mumps, and rubella. There is no evidence of adverse reaction following vaccination of persons who are immune.

SECTION II

WHAT CAREGIVERS CAN DO TO STOP DISEASE IN THE DAY CARE CENTRE

This section explains what YOU, as a caregiver working directly with children in a day care centre, need to do to help protect yourself and the children from disease. It also tells what you need to do to STOP a disease from spreading when one person in your centre gets sick.

3. HOW DISEASES SPREAD

Knowing HOW diseases can spread in a day care centre will help you see WHY you need to follow carefully each suggested procedure.

3.1 Many common childhood diseases are contagious.

That is, they spread from one person to another. Everyone knows that some illnesses (like chickenpox) can spread, but many people don't know that diseases like diarrhea, hepatitis, and impetigo can also spread.

3.2 Contagious diseases are spread by germs.

Germs are so small that you can't see them without a microscope. Yet just a few germs on a hand or a sink or a toy may be enough to spread a disease.

3.3 Germs spread through body secretions.

Intestinal tract infections spread through stool. Respiratory tract infections spread through coughs, sneezes and runny noses. Other diseases spread through direct contact, or touching.

3.4 You can't always tell when someone has a contagious disease.

Many people who have contagious diseases have symptoms. That is, they - or you - can tell they're sick. Sometimes, though, people have contagious diseases - and spread germs - even when they SEEM to be well.

Also, someone can pass disease germs from one person to another - for example, by unwashed hands or a dirty handkerchief - without getting the disease himself.

This means that procedures to prevent the spread of contagious diseases must be followed ALWAYS - not just when a person in your centre is already sick.

To STOP diseases in your centre, you need to follow ALL the steps in this section. If you follow only a few, the germs may spread among children and maybe to you! REMEMBER: Just one exposure to germs can be enough to spread a contagious disease.

4. HOW TO STOP DISEASE

4.1 WASH your HANDS.

The **BEST** way to **STOP** disease is to wash your hands well. Use this method to make sure your hands are free of germs.

HOW

- Use **SOAP** and **RUNNING WATER**.
- Rub your hands vigorously as you wash them.
- Wash **ALL** surfaces, including
 - backs of hands
 - wrists
 - between fingers
 - under fingernails.
- Rinse your hands well. Leave the water running.
- Dry your hands with a single-use towel.
- Turn off the water using a **PAPER TOWEL** instead of bare hands.

WHEN

- When you come to the centre in the morning
- Before preparing or serving food
- After diapering a child or wiping his nose or cleaning up messes
- And after you've been to the bathroom - either with a child or by yourself.

4.2 WASH the children's hands.

ESPECIALLY:

- When they arrive at the centre
- Before they eat or drink
- After they use the toilet or have their diapers changed
- After they've touched a child who may be sick.

If they're too young to do it themselves, **YOU** wash their hands. Older children should get into the habit of handwashing to **STOP** disease from spreading.

REMEMBER: They will learn by watching **YOU**. Children copy what they see adults doing, especially when they love those who care for them.

When a child forgets to wash his hands, or is **NOT** washing them **CORRECTLY**,

- **TELL** the child to wash his hands correctly.
- **SHOW** the child how to wash his hands if he does not know how or has forgotten.
- **REMIND** the child that washing hands will help keep him from getting sick.

4.3 When YOU ARRIVE at the centre.

WASH your hands.

CHECK to see that any supplies you will need during the day are ready to be used.

4.4 When the CHILDREN ARRIVE.

CHECK to see if they have any of these symptoms of illness:

- severe coughing
 - child gets red or blue in the face
 - child makes high-pitched croupy or whooping sound after he coughs.
- breathing trouble
 - especially important in an infant under six months of age.
- yellowish skin or eyes
- pinkeye
 - tears, redness of eyelid lining, irritation, followed by swelling and discharge of pus.
- unusual spots or rashes
- infected skin patch(es)
 - crusty, bright yellow, dry or gummy areas of skin.
- feverish appearance
- unusual behavior
 - child is cranky or less active than usual
 - child cries more than usual
 - child feels general discomfort or just seems unwell.
- frequent scratching of the body or scalp may be a sign of lice or scabies.

If a child has ANY of these symptoms,

- SEPARATE him from the other children and
- Tell your Director.
- Take his temperature if you think he may have a fever.
 - Fever is 100° Fahrenheit (37.8° Celsius) or above on oral thermometer
 - or
 - 101° Fahrenheit (38.3° Celsius) or above on rectal thermometer*

* Rectal temperatures should never be taken by non-medical people in day care centres.



If a child is coughing or sneezing when he arrives, tell him to

- COVER his mouth when coughing or sneezing
- WASH his hands afterwards.

If you wipe his nose, throw away the tissue and wash your hands.

CHECK to make sure ALL children's hands are washed before they join their groups in play or other activities.

Ask each child's parents occasionally whether everyone in the family is well. If a child's family member is sick, watch to be sure the child stays healthy.

TRY to keep children from different child groups from mixing with each other. This way, if one child has a contagious disease, only the children in his group will be exposed to it. Children in other groups will be protected; fewer children and staff will be at risk of becoming sick.

4.5 THROUGHOUT the day.

If a child coughs or sneezes, remind him to COVER his mouth and WASH his hands afterwards. If you wipe his nose, throw away the tissue and wash your hands.

Be alert for symptoms you looked for in the morning. These are listed on page 27.

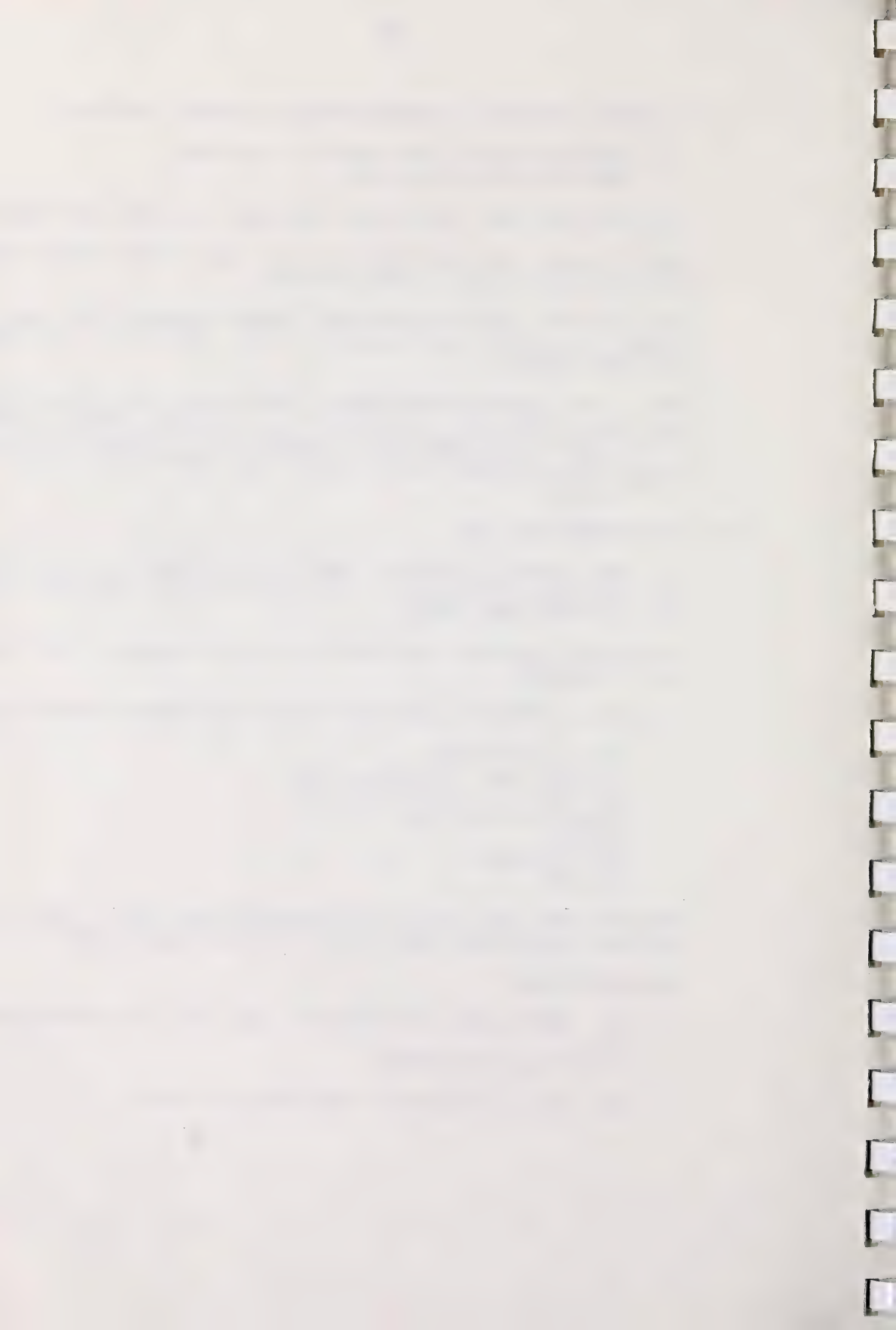
In addition, CHECK for these other signs that children may be sick.

- gray or white stool
- unusually dark, tea-colored urine
- sore throat or trouble swallowing
- headache or stiff neck
- vomiting
- loss of appetite
- diarrhea

Diarrhea means more than one abnormally loose stool. Even if a child has just one loose stool, he may be developing diarrhea.

Be especially sure

- the child's hands are washed the right way at the right times, and
- YOUR hands are washed
- the child is observed for additional loose stools.



If a child develops any of these symptoms

- SEPARATE him from the other children
- Tell your Director.
- Take his temperature if you think he may have a fever.
Fever is 100° Fahrenheit or above (37.8° Celsius) oral thermometer
or
101° Fahrenheit or above (38.3° Celsius) rectal thermometer*

Because you care for the children in your group every day, you are probably used to the way each of them looks when he is healthy. This makes you better able to notice when one of them is sick.

After you touch a child who might be sick, WASH your hands. Avoid touching other children until after you have washed your hands.

4.6 At ALL times.

If possible, keep younger children - especially those in diapers - separate from older children. Infants and toddlers under 3 years of age are at especially high risk for spreading certain diseases (like hepatitis A and diarrhea). Keeping groups of young children separate from each other and from older children reduces disease risk.

If possible, keep children in ANY of the groups from mixing with children from other groups. This will also help keep down the risk of spreading disease.

4.7 During MEALS and SNACKS.

CHECK to see that ALL children's hands are washed before they eat or drink.

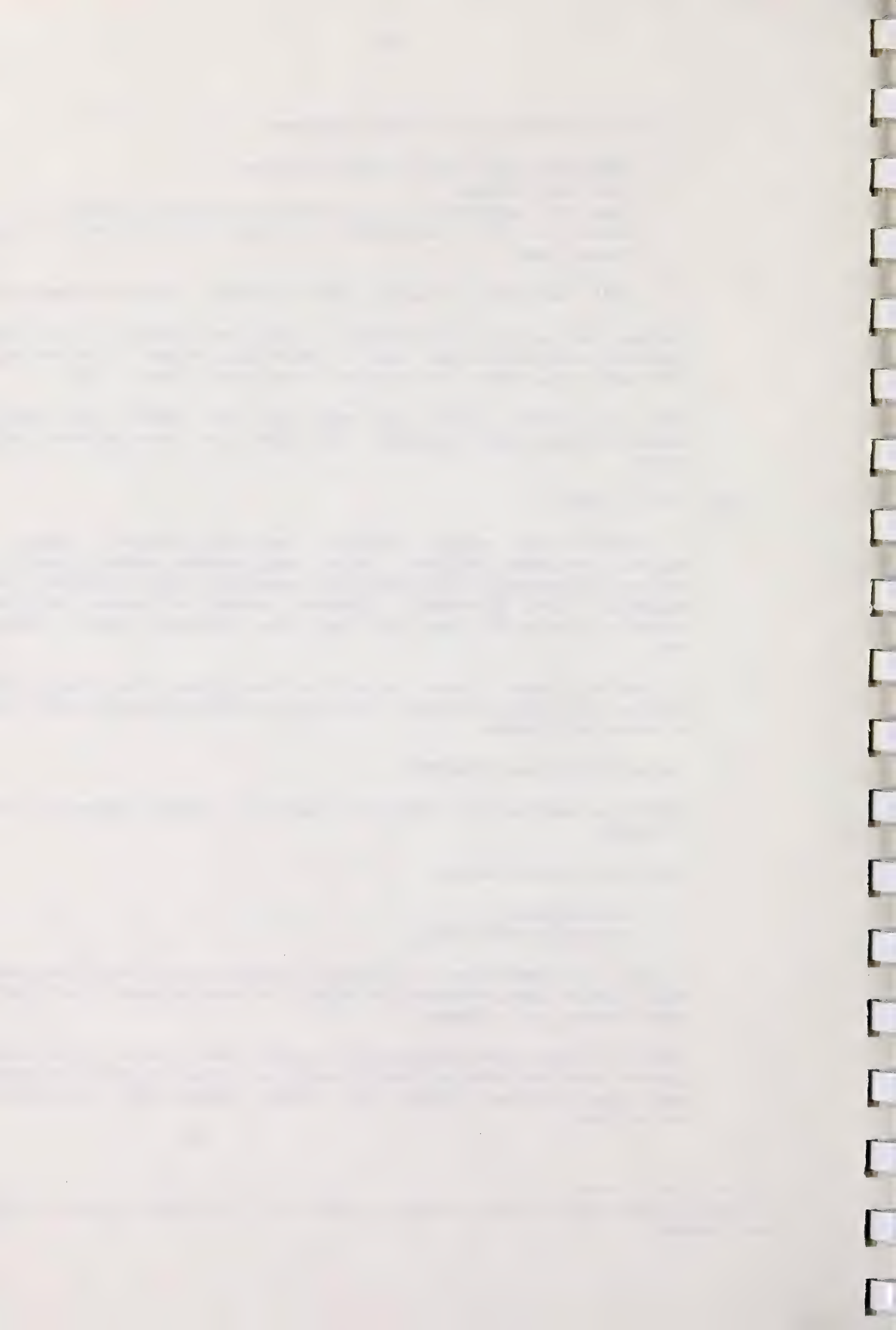
WASH your hands before:

- serving food
- preparing baby food.

If you are interrupted to care for another child while preparing baby food or spoon-feeding an infant, be sure to wash your hands again before you continue.

CHECK to make sure children do not share food, plates, or utensils. Remind them that sharing during meals can spread germs that might make them or other children sick. WASH utensils that are dropped on the floor.

* Rectal temperatures should never be taken by non-medical people in day care centres.



USE a **SEPARATE** utensil for **EACH** baby you feed. If you touch the saliva of a child you are feeding, wash your hands before feeding another child.

DISCARD any dropped food and **REMOVE** leftovers from the eating area when children have finished eating.

4.8 When children are **PLAYING**.

CHECK to prevent children from playing in the bathroom.

WASH hard-surfaced toys daily; wash stuffed toys weekly or more often if they are heavily soiled.

WASH toys or other objects mouthed by a child before other children handle the objects, whenever possible. This is especially important in the infant and toddler areas.

4.9 When children are **NAPPING**.

Make sure that children have either individual cots or mattresses labelled with their own names for consistent use, or their own clean mattress covers and linen.

You might want to have the children wash their hands before naps. This may help keep disease risk low, although it is not as important as handwashing at the other times recommended in this section.

If a child's bowel movement soils a crib or cot:

- clean the child,
- provide clean linen,
- clean and disinfect the crib or cot with
 - soap and water first
 - then disinfectant or bleach solution,
- wash **YOUR** hands.

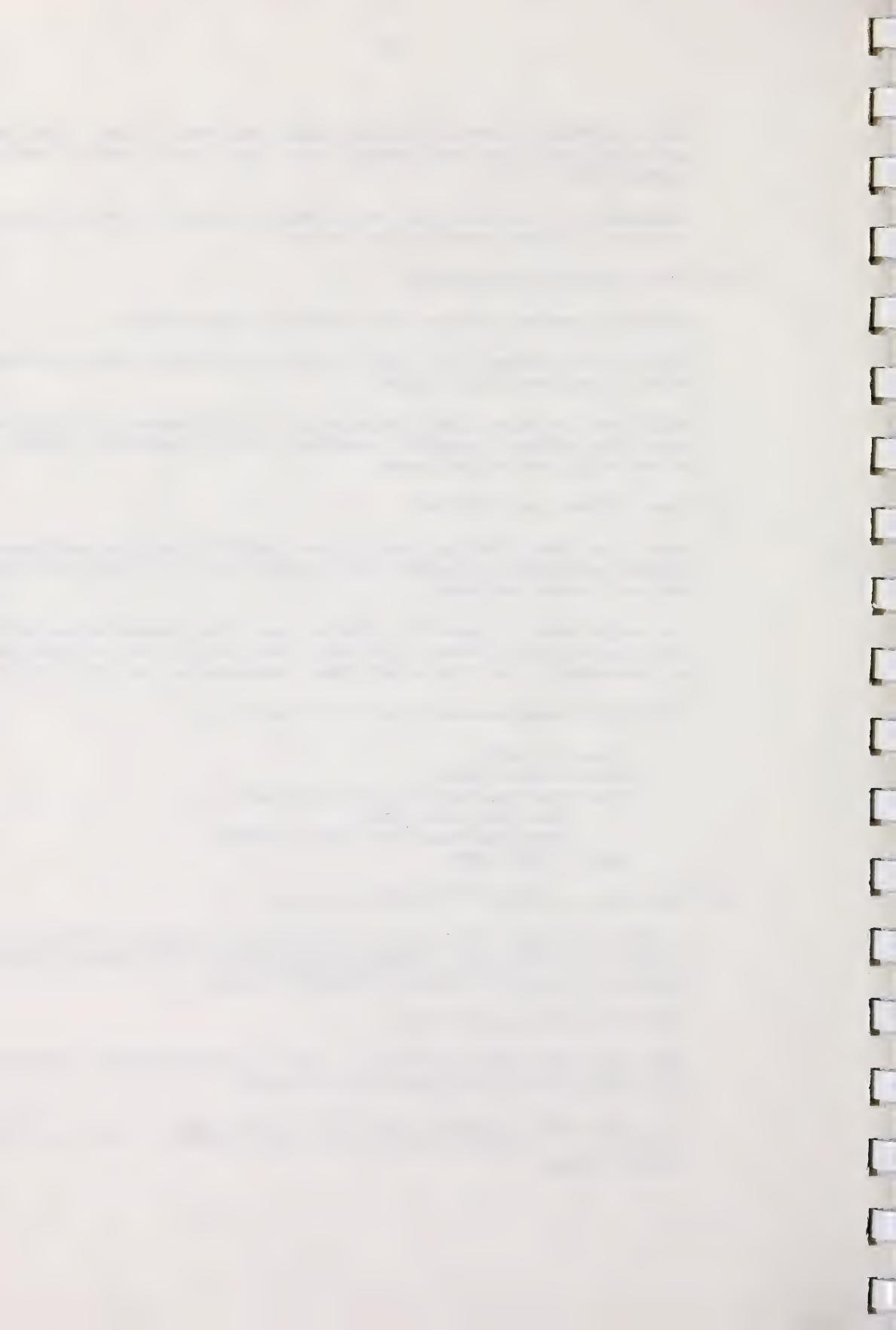
4.10 When you are **TOILET-TRAINING** children.

PLACE any soiled clothes in a plastic bag for parents to take home at the end of the day. Explain to the parents that washing soiled clothes at the centre can spread disease germs.

HELP the child use the toilet.

HELP the child wash his hands. Tell him that washing his hands will **STOP** germs that might make him sick.

If a potty chair is used, empty the contents into the toilet. **WASH** the potty. If possible, do not rinse the potty in a sink used for washing hands.



If you must rinse the potty in a sink used for washing hands, **WASH** the sink and **DISINFECT** all its exposed surfaces.

WASH your hands.

When children use the toilet, make sure they **WASH** their hands correctly. To do this, you might

- show children how to wash their hands
- watch children wash their hands after they use the toilet, or
- ask children if they washed their hands when they return from the bathroom.

5. HOW TO CHANGE DIAPERS.

ALWAYS use this method for changing diapers. This is the best way to **STOP** diseases that spread through the intestinal tract.

- **CHECK** to make sure the supplies you need are ready,
 - fresh diaper or clothes, and
 - freshly dampened paper towels or premoistened towelettes.
 - **PLACE** roll paper or a disposable towel on the part of the diapering table where the child's bottom will be.
 - **HOLD** the child **AWAY** from your body when you pick him up. When you know a child has soiled his diapers, use only your hands to carry him. **LAY** the child on the paper or towel.
 - **REMOVE** soiled diaper or clothes.
 - Put disposable diapers in a plastic bag or a plastic lined receptacle which is always kept out of reach of the children.
 - Put soiled clothes in a plastic bag for parents to take home with the child at the end of the day.
 - Explain to the parents that washing or rinsing clothes soiled with stool at the day care centre might cause disease germs to spread.
 - **CLEAN** the child's bottom with
 - a premoistened disposable towelette, or
 - a damp paper towel.
 Put the used towelette or paper towel in a plastic bag or plastic-lined receptacle.
- If the child needs to be washed completely,
- be sure to use running water, and
 - disinfect the sink immediately after you diaper the child.
- **REMOVE** the paper or towel from beneath the child and dispose of it in the plastic bag or plastic-lined receptacle.
 - **WIPE** your hands with a premoistened disposable towelette or a damp paper towel and dispose of it in the plastic bag or plastic-lined receptacle. If you are wearing a glove, dispose of it now.

- **DIAPER** and dress the child.
Now you can hold him close to you.
- **WASH** the child's hands.

IMPORTANT: If you must walk from the diapering table to the sink be sure the child cannot fall, or carry him with you.

- **RETURN** the child to his **CRIB** or play area.
- **CLEAN** and **DISINFECT**
 - diapering area
 - equipment or supplies touched
 - soiled crib or cot, if necessary.
- **WASH** your hands.

6. WHEN CHILDREN LEAVE THE CENTRE

CHECK to be sure you release the children directly to the people picking them up. Ensure that this person is authorized to pick the child up.

TRY to keep groups of children who are in diapers from mixing with other children who are not in diapers.

7. HOW YOU CAN KEEP THE CENTRE CLEAN

More than once a day (if you can):

- **CHECK** bathrooms
- Wash and disinfect soiled surfaces like faucet handles, toilet seats and handles.

Every day:

- **CHECK** surfaces and objects that diapered children put to their mouths.
- **WASH** and **DISINFECT** crib rails, toys, and other mouthed objects.
- **WASH** mattress covers and linen, if each child does not get the same mattress cover every day.

Every week:

- **WASH** and **DISINFECT** floor, low shelves, doorknobs, and other surfaces often touched by diapered children.
- Wash linen and blankets.

8. YOUR HEALTH IS IMPORTANT TOO!

Most of this section is about ways to stop disease from spreading among the children in your day care centre.

Follow these steps to protect yourself against disease and to make sure that **YOU** don't spread disease to children and other caregivers.

- **WASH** your hands after using the bathroom and at all other times this section suggests.
- **COVER** your mouth when you cough or sneeze and **WASH** your hands afterwards.
- **CHECK** to make sure you are protected by immunization from diseases you may be exposed to in the day care centre.
- Some diseases you may be exposed to can be especially dangerous to adults. An **IMMUNIZATION** given by your health unit or doctor can stop you from getting a disease even if you are exposed to it.
- **CHECK** with your health unit or physician.

You may have already been immunized against some of these diseases. If you have already had the disease, you may not be at risk of getting it again.

Discuss the information sheet entitled **CDC RECOMMENDATIONS FOR THE IMMUNIZATION OF CAREGIVERS IN DAY CARE CENTRES** on the next page with the community health nurse or your physician. This information should help you decide which immunizations you need.

- Screening For Tuberculosis

Screening is strongly recommended for all new caregivers before they start work. In addition, screening is also recommended for children born overseas in certain high risk areas. For more information about screening, contact your health unit.

The information in this section has been gathered from physicians and other public health professionals who have special interest in the health of children and those who care for them. They believe that putting these recommendations into practice will help **STOP** the spread of disease in the day care centre.

YOU, because you work directly with children, are in the best place to make this happen. **CHECK** to be sure you follow these procedures and protect the health of the children and yourself.

9. CDC RECOMMENDATIONS FOR THE IMMUNIZATION OF CAREGIVERS IN DAY CARE CENTRES

Immunity to the following diseases is recommended for caregivers in day care centres:

Diphtheria, Tetanus, Mumps, Measles, Polio, Rubella

A record indicating immunity to these diseases must show the following:

Diphtheria and Tetanus

- Documentation of completion of a primary series (3 doses) for tetanus and diphtheria
- Boosters within the last 10 years.

Mumps

- Documentation of vaccination with mumps vaccine on or after the 1st birthday, or
- Documentation of physician-diagnosed mumps disease, or
- Laboratory evidence of immunity.

Measles

- Born after 1956 (people born before 1956 are considered immune)
- Documentation of vaccination with live measles vaccine on or after the first birthday, or
- Documentation of physician-diagnosed measles disease, or
- Laboratory evidence of immunity.

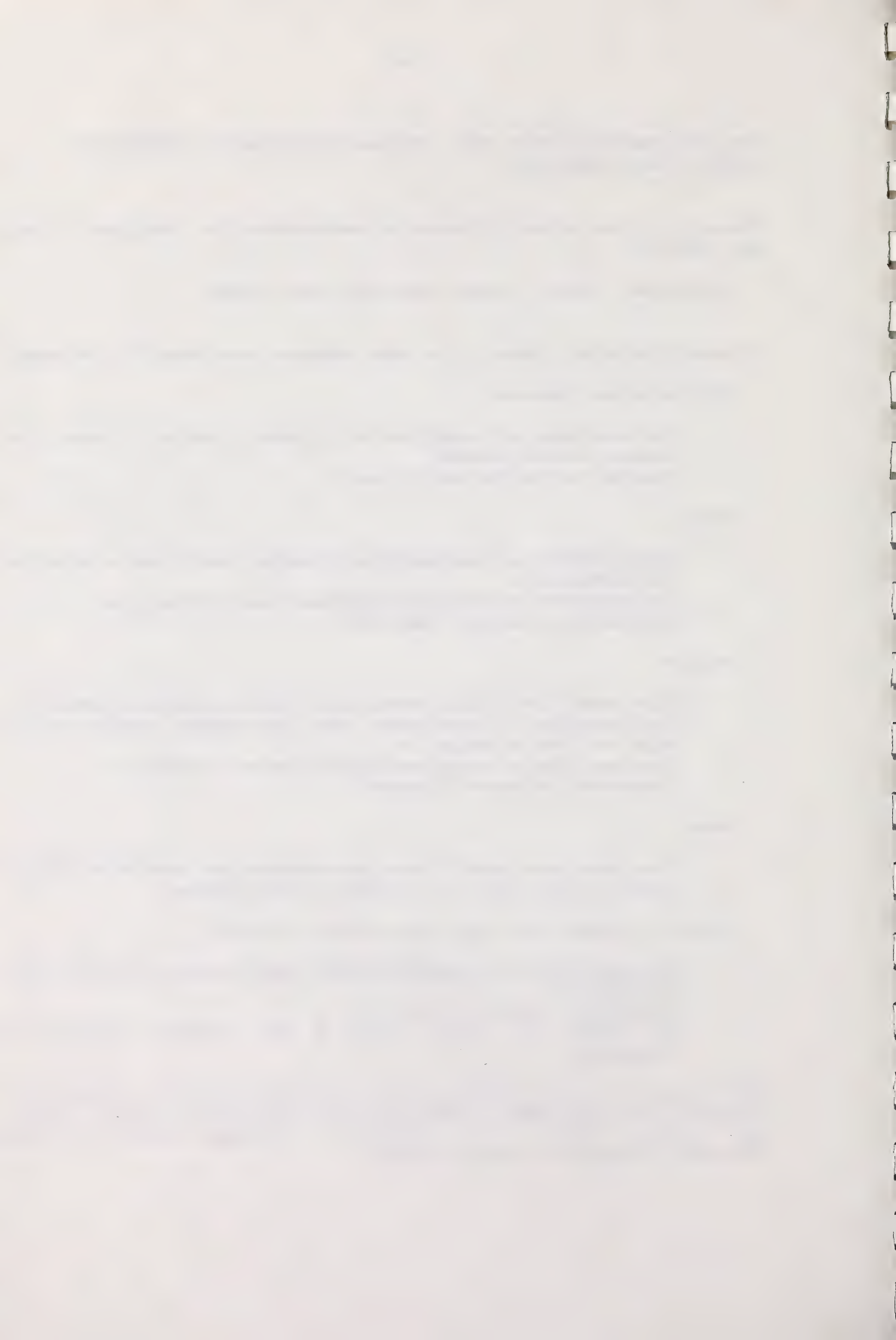
Polio

- Any caregiver should have documentation of vaccination with a primary series (3 or more doses) of polio vaccine.

Rubella (mandatory for day care workers in Alberta)

- Documentation of vaccination with rubella vaccine on or after 1st birthday, or
- Laboratory evidence of immunity.
(A history of rubella disease is NOT adequate evidence of immunity.)

MMR (measles, mumps, rubella) vaccine should be used if a caregiver is thought to be susceptible to more than one component of measles, mumps, and rubella. There is no evidence of adverse reaction following vaccination of persons who are immune.



SECTION III

WHAT DAY CARE DIRECTORS, CAREGIVERS AND PARENTS SHOULD KNOW ABOUT CONTAGIOUS DISEASES IN DAY CARE

This section tells about diseases that can spread from one person to another. Children in the home or in any other type of child care can get these diseases, but they have MORE chances to pick up disease germs when they spend a long part of each day in a group setting. Knowing about these diseases and how they spread will help you take measures to stop them in your centre. This section also tells directors of day care centres what they should DO if diseases occur.

There are FOUR basic kinds of diseases that occur in day care centres. The first three are grouped in this section according to the way they spread.

- Diseases that spread through the intestinal tract
- Diseases that spread through the respiratory system
- Diseases that spread by direct contact (touching)

This section also tells HOW LONG a disease takes to spread. The time from exposure to a disease till the first signs of illness occur is the INCUBATION PERIOD.

The BEST way you can protect yourself and the children in your centre against these diseases is by carefully following the procedures for good hygiene outlined in this handbook.

There is an ADDITIONAL method of protection for the FOURTH group of diseases: VACCINATION.

- The fourth group, then, consists of vaccine-preventable diseases.



10. DISEASES THAT SPREAD THROUGH THE INTESTINAL TRACT

Several diseases that travel easily among young children pass from the intestinal tract of one person to another. When a few of these disease germs enter a person's MOUTH, they pass through the stomach into the INTESTINES and multiply there. Some of these diseases, like certain kinds of diarrhea, affect the intestinal track only. Others, like hepatitis A, cause generalized illness.

Diseases that spread through the intestinal track appear in the stool of anyone who has the infection, WHETHER OR NOT THAT PERSON SEEMS OR FEELS SICK. This is why handwashing after using the toilet or changing diapers is ALWAYS important, not just when there is a known case of illness in your centre.

Disease germs can live outside the body on objects or surfaces for hours or even days. Since you can't see germs without a microscope, an object can LOOK clean even when there are disease-causing germs on it. Just a few germs are enough to spread an infection to another person or to contaminate something that might end up in a child's mouth.

Children who are not yet toilet-trained probably pass on intestinal track infections most easily, but ANYONE who doesn't carefully follow correct hygiene procedures can spread these diseases.

The following are some of the diseases in this group:

10.1 DIARRHEAL DISEASES

What They Are and How They Spread

Diarrhea is actually a SYMPTOM of infection caused by any of several kinds of germs - either bacteria (like Salmonella or Shigella); parasites (like Giardia); or certain types of viruses. A person with very mild diarrhea may spread infection to someone else, perhaps someone who will become very sick.

Incubation period - 1 day to 2 weeks or longer

How You Know

A child with more than one abnormally loose stool has diarrhea. A child with even mild diarrhea MAY have an intestinal infection, even if his parents or grandparents believe his diarrhea was caused by teething or by something he ate.

What to Do

Temporarily exclude the sick child from the centre.

Be especially sure that group separation, handwashing, and cleaning procedures are being followed.

Allow the child to return when the child no longer has diarrhea.

If you know it is caused by Shigella, Campylobacter, Salmonella, or Giardia:

- Contact the Health Unit for advice on testing other ill and well children and staff.
- Allow the child to return when the Health Unit informs you it is safe.

Be sure that parents understand that:

- diarrhea may be contagious
- a child with diarrhea may need to stay home
If every family keeps sick children at home, there will be fewer infections for all children in the end.
- they (and their physician) should notify the centre if their child has a particular kind of diarrhea germ diagnosed.
This can help other children and staff, who may be tested for the germ and treated if they have it.

To STOP others from getting the disease:

Careful hygiene is the best safeguard against transmitting diarrhea and other diseases that spread through the intestinal track. Make sure that all staff members ALWAYS follow correct procedures for handwashing and diapering.

10.2 HEPATITIS A

What It Is and How It Spreads

Hepatitis A (infectious hepatitis) is caused by a virus that spreads through the intestinal track. Very young children infected with the disease may not SEEM sick at all, or they may appear to have a mild illness like "stomach flu." But, especially if they are not yet toilet-trained, they can very easily spread hepatitis A to adults. Adults who have the infection may feel sick for weeks or even months.

It is often a long time (a month or more) between exposure to hepatitis A virus and the onset of symptoms. If a person knows he has been exposed to hepatitis A, a doctor can give him an injection of immune globulin, which may prevent him from actually developing the disease.

How You Know

The most common symptoms of hepatitis A are:

- fatigue, tiredness
- loss of appetite
- yellowish skin and whites of the eyes
- dark brown urine
- light-colored stool.



What To Do

There is no treatment for hepatitis A once you have the infection.

To STOP others from getting the disease:

- Temporarily exclude the sick child from the centre.
- It is ESSENTIAL to notify the Health Unit if hepatitis A occurs in a child or staff member at your centre, or in two or more families of children who attend your centre. The Health Unit will usually recommend immune globulin for staff and children at the centre, if diapered children attend. In some situations, the Health Unit may also recommend immune globulin for family members of younger children.
- Be especially careful about group separation and hygiene procedures.

11. DISEASES THAT SPREAD THROUGH THE RESPIRATORY SYSTEM

The other group of diseases that occurs most frequently in child care groups spreads from the respiratory system of one person to another. Respiratory diseases spread through the air when a person coughs or sneezes, or even speaks or sings. In groups of children respiratory infection may also spread by contact with the saliva or the runny nose of an infected person. This can happen when a hand or an object touches the mouth or nose of an infected child and later touches the mouth, nose, or eye of another child or adult. Or it can happen through kissing or sharing food. Respiratory disease germs can live on cloth, tissues, or other surfaces for hours or even days. Therefore, touching contaminated toys, tissues, handkerchiefs, or other objects can spread these diseases.

People often spread respiratory diseases during the incubation period (that is, before they come down with symptoms). Sometimes a child or an adult can spread one of these diseases even if he never develops symptoms of illness himself.

The following are some of the diseases that spread through the respiratory system.

11.1 BACTERIAL MENINGITIS (spinal meningitis)

What It Is and How It Spreads

Meningitis means inflammation of the membranes that cover the brain. Bacterial meningitis is the most serious meningitis. It is not common, but when it occurs, it can be a disastrous infection, sometimes leading to permanent brain damage or even death.

Two kinds of bacteria:

- H-flu (Haemophilus influenzae)
and
- meningococcus (Neisseria meningitides)

are the most common causes of bacterial meningitis.

H-flu and meningococcus can also cause other severe infections in young children. These bacteria can spread. Therefore, children (and sometimes adults) who have been exposed to a case of bacterial meningitis have a greater than usual risk of getting the infection. The risk is not tremendous, but you should TAKE IT SERIOUSLY.

How You Know

Symptoms of bacterial meningitis vary, but they become more serious and severe within hours.

In older children EARLY SYMPTOMS may include fever, headache, neck pain or stiffness, vomiting (often without abdominal complaints), and a decrease in activity associated with not feeling well.

LATER, more severe symptoms may include abnormal behavior, decreased consciousness, difficulty in being aroused, and convulsions.

In younger children EARLY SYMPTOMS are less definite. They may involve fever, vomiting, unusual irritability, excessive crying with inability to be comforted, high-pitched crying, poor feeding, and activity levels clearly below normal.

In any child, the diagnosis of meningitis is made by a doctor, usually with the aid of a test called a spinal tap. Treatment requires hospitalization for special care and a closely supervised program of antibiotics.

What to Do

If one case of bacterial meningitis has occurred in your centre:

- Temporarily exclude the sick child from the centre.
- Contact the child's physician
 - Ask what germ caused the meningitis.
- Contact your Health Unit.
 - Tell them about the case of meningitis and the germ that caused it.
 - Ask what actions they recommend to prevent spread of infection.

- Parents of all children in the centre should be informed that:
 - Their child may have been exposed to a serious contagious disease.
 - Their child should see a physician IMMEDIATELY if he develops fever, headache, rashes, spots, unusual behavior or other symptoms of concern.
 - They should be told of any other preventive measures the Health Unit recommends.

To STOP others from getting the disease:

A child's doctor or your local Health Unit may recommend certain antibiotics for exposed children and adults to reduce their risk of getting bacterial meningitis.

Preventive measures are not foolproof.

Even when preventive measures are taken, they may not keep others from developing bacterial meningitis. Therefore, take seriously ANY symptoms in an exposed person, whether or not he has taken antibiotics.

The best way you can respond if a case of bacterial meningitis occurs in your centre is by encouraging close cooperation and support in following preventive procedures among your centre's staff, parents, the children's doctors, and your Health Unit.

11.2 CHICKENPOX

What It Is and How It Spreads

Chickenpox is a very contagious disease caused by a virus. Someone exposed to a case of chickenpox will almost certainly get it if he hasn't had it before. Having chickenpox once protects you against getting it again. It takes a person about two weeks after exposure (sometimes up to 20 days) to develop a chickenpox rash. A person who has chickenpox can spread it to others during a time period from two days before the rash develops until the last of the rash has developed crusts and is healing.

Incubation period - 11-21 days

How You Know

Chickenpox usually begins as an itchy rash of small red bumps on the stomach or back before spreading to the face.

What to Do

Occasionally chickenpox can cause a long severe illness, especially in adults. However, there is no treatment for the disease once it has developed.



To STOP others from getting the disease:

- The sick child should be temporarily excluded from the centre. (He can return 1 week after the rash begins, or when all chickenpox are scabbed over.)
- Immediately contact your Health Unit to find out what additional preventive measures should be taken.

Some children may need special preventive treatment if they have been exposed to chickenpox. This includes people who have been treated for leukemia or certain other kinds of cancer, and people taking steroid drugs like cortisone or prednisone.

- Immediately notify parents or physicians of
 - any child taking steroid medications, or
 - any child who has ever been treated for cancer or leukemia
 - of any case of chickenpox in your centre. (Chickenpox can be extremely dangerous to these children.)
- Be especially sure that group separation, handwashing and cleaning procedures are being followed.

Parents or physicians should inform your centre of such conditions because chickenpox in children of these special categories can be extremely severe. To be effective, preventive treatment against chickenpox must begin immediately after exposure.

11.3 COLDS AND FLU (Influenza)

What They Are and How They Spread

The most common respiratory infections are caused by viruses which produce colds and flu. These viruses are very contagious. Once a person develops symptoms, he is likely to have already exposed others to this illness.

How You Know

Colds usually cause a stuffy or runny nose, sneezing, and watery eyes, but little fever. Flu is more severe. It often involves sore throat, muscular aches, fever, and chills.

What to Do

Flu shots are not usually recommended for children and staff in day care centres unless they have a chronic respiratory disease. There is no commonly used prescription medication that cures viral respiratory infections. Doctors usually recommend rest and plenty of fluids to treat symptoms.

Young children develop colds frequently. Keeping all children with cold symptoms away from the day care centre would be neither practical nor possible. Be especially careful about hygiene around a child who has cold symptoms.

Watch that child carefully for development of new, more severe symptoms.

Colds can lead to pneumonia, bronchitis, infectious croup, and ear infections, particularly in very young children.

11.4 STREP THROAT (Group A Streptococcus)

What It Is and How It Spreads

Strep throat is a bacterial infection that causes a red and painful throat. It is more common in children but can also affect adults. If not treated, strep throat can lead to RHEUMATIC FEVER, a more serious disease that can damage the heart valves.

Not all sore throats are strep. The only certain way to diagnose strep throat is through a throat culture.

Incubation period - 1-5 days

What to Do

A child with a severe sore throat should be sent home from the centre and seen by a doctor. A child diagnosed with strep throat should have started antibiotics treatment for a least one day before he returns to your centre. The parents and physician of a child with strep throat should inform the centre so that other children with symptoms can be tested and treated if necessary.

12. DISEASES THAT SPREAD BY DIRECT CONTACT (TOUCHING)

Other diseases that can be problems in day care are spread by direct contact. In other words, someone can catch these diseases simply by touching the infected area of another person's body. The most common diseases in this group are HEAD LICE, IMPETIGO, and SCABIES. RABIES is a VERY RARE disease that can result from direct contact with the saliva of an infected animal.

12.1 HEAD LICE

What They Are and How They Spread

Lice are parasites that live on the surface of the body. They are big enough to be seen with a magnifying glass. In children lice affect the HAIR and SCALP and cause severe itching. Lice spread easily by direct contact with the infected person or with personal objects like hats and clothing. A person with lice can spread them until he is successfully treated with medicated shampoos, lotions, or powders.

How You Know

When a person has head lice, you can often see the small lice eggs (nits) on this hair. Sometimes you can also catch a glimpse of a louse crawling through the hair.

What to Do

Temporarily exclude the infected child from the centre until treatment has begun. Getting rid of head lice means treating the infected child and checking the other children in his group.

Special lotions or shampoos get rid of lice in people. (Caution: Because these lotions are very powerful, they should be used ONLY as recommended.)

Vacuum to get rid of lice in the environment. Wash recently worn clothing and bedding an infected person may have used in very hot water (131°F) for twenty minutes to destroy lice and their eggs.

12.2 IMPETIGO

What It Is and How It Spreads

Impetigo is a bacterial skin infection. An infected person can easily spread the infection to other parts of his own body or to other people by getting the disease germs on his hands or clothes.

Incubation period - 5 days

How You Know

Impetigo appears as a flat, yellow, crusty, or weeping patch on the skin.

What to Do

Temporarily exclude the child from your centre until 24 hours after treatment has begun. A child with impetigo should be kept especially clean. The infected areas should be washed with mild soap and water and his clothes, linens, and towels should be changed at least once a day. His hands should be washed frequently. Sometimes a physician may recommend antibiotic ointment or antibiotics taken by mouth for a child with impetigo.

To STOP others from getting the disease:

People in contact with a child who has impetigo should wash THEIR hands frequently and prevent others from using towels and linens used by the child.

12.3 RABIES

What It Is and How It Spreads

Rabies is a viral infection found in the saliva of some mammals. Animals with rabies often behave strangely, losing their natural caution around humans and biting without apparent cause. Rabies is spread mainly through biting. The disease is very rare in humans, but it is always fatal unless preventive treatment is given after exposure.

There are different risks of rabies with different animals species. Rabid bats are found everywhere in the country; skunks, foxes, raccoons, and other animals may carry the virus in other parts of the country. Your Health Unit has information about which animals are dangerous in your area. Captured animals can be tested.

What to Do

Keep children away from bats and other wild animals.

If dogs or cats are kept as pets, they should be kept up to date on rabies shots.

If a bite occurs, wash it IMMEDIATELY with soap and water, unless bleeding is excessive. (Soap kills rabies virus.) CONTACT a physician.

Capture the animal if you can do so safely.

Consult your Health Unit to see if rabies testing or treatment should be given.

NOTE: Animal bites can introduce many bacteria into the body through the animal's saliva. Any deep bite, or bite on the hand, should be evaluated by a physician.

12.4 SCABIES

What It Is and How It Spreads

Scabies is a skin infection caused by a type of body surface parasite, a small mite that burrows into the skin. Scabies can spread by skin-to-skin contact with an infected person. A person with scabies can spread the infection until he is successfully treated.

How You Know

The most common symptom of scabies is severe itching. Because mites cannot be easily seen with the naked eye, to diagnose a doctor needs to do skin scrapings (a painless procedure) and look for mites with the aid of microscope.

What to Do

Temporarily exclude the infected child from the centre until the day after treatment has begun. A child who may have scabies should be seen by a doctor. Getting rid of scabies requires treating the infected person and others who may have had direct contact with his skin. For a child in day care, it may become necessary to treat the other children and caregivers in his group as well as his family members. Treatment involves bathing, applying very strong mite-killing lotions, and washing them off after a specified period of time. Sometimes a second treatment will be needed one week later. Wash all clothes, linens, and towels used by a child during the 48 hours prior to scabies treatment in very hot water, and dry them in a hot dryer.

13. VACCINE-PREVENTABLE DISEASES

So far, this section has told about diseases by the way they spread. There has been information for you about three common routes by which disease germs spread:

- through the intestinal tract
- through the respiratory system
- through direct skin contact.

You've read about the hygiene procedures that can STOP disease germs from traveling along these routes.

For this FOURTH group of diseases, the Vaccine-Preventable Diseases, there is another way to STOP germs from spreading.

Several diseases that used to be terrible problems for children and adults can now be prevented by vaccination. This group includes measles, mumps, rubella (German measles) polio, diphtheria, tetanus, and whooping cough (pertussis).

Some people think these diseases no longer exist or are no longer problems. THIS IS NOT TRUE. Some cases still occur. The reason these diseases are no longer widespread problems is that people are being IMMUNIZED. If people stopped getting these protective shots for themselves and their children, these diseases would once again become common problems.

Children in general spread disease easily because of their contact with people and their environment. Young children in child care groups are especially likely targets for disease. For this reason, ALL children in child day care centres AND the adults who work with them need to have ALL recommended vaccinations. The chart in the Directors' section provides a vaccination schedule for children. (All health units and children's physicians will also have this information.) There is also a chart in the Directors' section and in the Caregiver's section telling what vaccinations an ADULT working with young children should have.

Here is some information about specific diseases that can be prevented by vaccination.

13.1 DIPHTHERIA

What It Is and How It Spreads

Diphtheria is now a rare but dangerous disease caused by bacteria that infect the nose and throat.

Incubation period - 2-6 days.

How You Know

A person with diphtheria often has a sore throat and swollen tonsils with a grayish covering. Sometimes the infection leads to severe throat swelling that can block breathing.

The greater danger with diphtheria, however, is that the disease bacteria produces a substance that can permanently damage the heart and nervous system.

What to Do

Temporarily exclude the sick child from the centre. (The child can return when the health unit informs you it is safe.)

Refer any possible case of diphtheria in your centre to a doctor immediately.

To STOP others from getting the disease:

- Immediately contact your Health Unit to find out what preventive measures should be taken.
- All children and staff should be observed for sore throats for seven days.
- Anyone developing a sore throat should see a physician.
- Incompletely immunized children should see the community health nurse or a physician
- Be especially careful about group separation and hygiene.
- Be sure everyone in the centre is immunized.

13.2 MEASLES

What It Is and How It Spreads

Measles is caused by a virus that spreads through the air (and possibly in child groups by contact with saliva). Among people who are not immunized, measles is one of the most easily spread diseases. A person with measles can spread the infection from four days before the rash begins until four days after it appears.

Incubation period - about two weeks.

How You Know

Measles begins with a fever and upper respiratory illness. The fever often goes very high when the rash appears. The red-brown blotchy rash usually starts on the face and spreads down the body.

Most children with measles become quite ill but recover normally. Occasionally, however, measles can lead to pneumonia or inflammation of the brain. Adults and very young children tend to have more severe illness.

What to Do

The sick child should temporarily be excluded from the centre. (He can return 5 days after the rash appears.)

To STOP others from getting the disease:

Be sure children over 12 months of age are all immunized.

If a case of measles occurs in your centre, notify your Health Unit IMMEDIATELY. They can help decide if a special immunization program or other treatment is needed for those in close contact with the infected person. Identify any unimmunized children and caregivers; they should be immunized or excluded from the centre until 2 weeks after the rash appears in the last case of measles in your centre.

13.3 MUMPS

What It Is and How It Spreads

Mumps is another disease that is caused by a very contagious virus. An infected person can spread mumps for a week or more before AND after swelling begins. A person develops mumps about two or three weeks after contact with the virus.

Incubation period - 14-21 days.

How You Know

Mumps causes swelling of the glands at the jaw angle and sometimes affects other internal or external glands as well. It is usually accompanied by cold-like symptoms.

What to Do

The sick child should be temporarily excluded from the centre. (He can return after swelling subsides or 9 days after swelling begins.) Notify your Health Unit IMMEDIATELY.

To STOP others from getting the disease:

- Be especially careful about group separation and hygiene.

IMPORTANT: Mumps can be especially serious in men who have not been immunized.

Be sure everyone is immunized against mumps.

13.4 PERTUSSIS (Whooping Cough)

What It Is and How It Spreads

Pertussis is a very contagious bacterial infection of the respiratory tract which was once a common cause of death in young children. The disease begins with a stage that is like a cold; this is the stage when the disease is most contagious to others. It then develops into a severe respiratory disease with repeated attacks of violent coughing.

Incubation period - 1 to 2 weeks.

How You Know

Whooping cough gets its name because of the whooping sound the child makes as he tries to draw breath after a coughing spell. Not all children with whooping cough make this sound; very young children may not be strong enough.

What to Do

IMMEDIATELY notify the local Health Unit if a case of pertussis is diagnosed in a child who attends your centre. A child with pertussis should be excluded from the centre. (He can return 4 weeks after intense coughing begins, or 5 days after antibiotic treatment has begun.)

To STOP others from getting the disease:

For 2 weeks, be especially alert for coughs in other children. Children who develop coughs should be sent home until a physician sees them.

Be especially careful about group separation and hygiene procedures.

Be sure all children have received pertussis vaccine unless there is a medical reason for not getting vaccine.

13.5 POLIO

What It Is and How It Spreads

Most people know that as recently as the 1950's polio could spread rapidly through communities and child groups, causing paralysis and even death in some children and adults. Polio is caused by a virus that spreads easily, especially among children. Although immunization has fortunately made it an uncommon disease in Canada polio is still very common in other parts of the world.

What to Do

Continuing immunization is the only way to protect children and their communities from polio.

13.6 RUBELLA (German Measles or Three-Day Measles)

What It Is and How It Spreads

Rubella is also caused by a virus which is very contagious among people who have not been immunized.

IMPORTANT: The only ways to **KNOW FOR SURE** if someone is immune are:

- proof of immunization
- a blood test to check immunity.

A person's belief that he had rubella as a child is not good enough evidence. One might have had a similar illness instead of rubella. In this case he would not be immune.

Incubation period - 14-21 days

How You Know

This virus causes a milder illness than measles, with fever and a red rash. Adults usually have a more severe illness than children. Some children with rubella may NOT develop a noticeable rash or indeed any symptoms.

What To Do

The sick child should be temporarily excluded from the centre.

To STOP others from getting the disease:

Be sure that every child attending your centre is immunized. Just as important, be sure that every woman working in your centre KNOWS that she is immune. Any pregnant staff member should see her physician.

IMMEDIATELY report any suspected case of rubella at your centre to your local health unit. They can help confirm the disease through specific blood tests. They may wish to test caregivers and children and to immunize those who are susceptible right away.

Be especially careful about group separation and hygiene procedures.

13.7 TETANUS

What It Is and How It Spreads

Certain bacteria that live in even very small amounts of soil enter the body through cuts or wounds and produce a substance that affects the nervous system, causing the disease we call tetanus. This disease can cause spasms and even paralysis.

Incubation period - about 10 days

What to Do

Be sure all cuts, scrapes, and puncture wounds are cleaned well with soap and water.

Be sure all adults and children in your centre are up to date in immunization against tetanus.

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